

REQUEST FOR LOAN FORGIVENESS

Spouse/Domestic Partner Employment Certification

Part A: *To Be Completed by LRAP Recipient's Spouse/Domestic Partner:*

LRAP Recipient Name: _____

Spouse/Domestic Partner Name: _____

Spouse/Domestic Partner work phone: _____ Email: _____

I authorize my employer, _____, to provide information requested in Part B of this form to Willamette University College of Law (WUCL). I also authorize WUCL to contact my employer regarding my employment information.

Spouse/Domestic Partner Signature Date

Part B: *To Be Completed by Employer:*

Please complete the following information and return this form to the above-named employee (line 2).

Employment start date: _____ Employee's current title: _____

Employee's current salary: _____ (gross)

I hereby certify that all of the information presented in this form is true and complete to the best of my knowledge.

Employer's Signature Date

Title Phone number Email