## LAW SCHOOL CERTIFICATION FORM

## Part A: to be completed by the applicant

Name:	Email:	
Social Security #: XXX-XX	Date of graduation:	
I authorize personnel at provide the information in Part B as requ		(name of law school) to
Applicant's signature	Date	
Part B: to be completed by lav	w school personnel	
Dear Sir or Madam:  has a Program. Part of the application process loan repayment assistance that may be a it to our office and to the applicant as soo to contact our office at Idmelton@teajf.co	vailable. Please complete the following on as possible. If you have any question	icant's law school about g information and return
from	(name of applicant) is rece (name of program). (Plea ount and terms of the loan repayment of for or has been denied loan repayment.	se provide assistance being
<ul> <li>Our institution provides loan representation for assistance</li> </ul>	ayment assistance. We have no record e from (r	name of program)
Authorized Signature	Name (printed) and Title	Date
Name of Employer Address	City, State	Zip code
Telephone # En	nail:	

PLEASE NOTE: THIS FORM SHOULD BE COMPLETED AND EMAILED TO: Lisa Melton at <a href="mailto:slrap@tajf.org">slrap@tajf.org</a>

AND

to the applicant so they can complete their application.