
Please submit this form if you have had changes to the following:

- 1. Employment** (Employer verification required)
 - a. New Employer
 - b. Medical Leave (*note LOA in duties of employer section*)
 - c. Lay-off
- 2. Job duties, scheduled hours, or income** (Employer verification required)
 - a. Title, position, responsibilities
 - b. Full-time to Part-time hours
 - c. Salary increase/decrease
- 3. Marital Status** (Marriage License, Separation/Divorce Decree, or Death Certificate required)
 - a. Marriage
 - b. Separation
 - c. Divorce
 - d. Death
- 4. Legal Dependent(s)** (Birth/Death Certificate, Adoption Papers, IRS Tax Transcript)
 - a. Birth
 - b. Adoption
 - c. A family member in the household for whom you provide more than 50% support.
 - d. Death

The changes, along with supporting documentation, should be reported within 30 days of the event. Failure to report these changes with the allotted grace period will result in disqualification of your loan forgiveness for the benefit period.

Please submit all documents by email to: financialaid@law.ucdavis.edu

APPLICANT EMPLOYER

Company	Phone
Address	Supervisor
Job Title	\$ _____ Annual Salary <input type="checkbox"/> FT <input type="checkbox"/> PT FTE Status
Effective Date	Duties

SPOUSE/UNMARRIED PARTNER EMPLOYER

Company	Phone
Address	Supervisor
Job Title	\$ _____ Annual Salary <input type="checkbox"/> FT <input type="checkbox"/> PT FTE Status
Effective Date	Duties

APPLICANT SIGNATURE

Applicant Agreement and Certification

"I certify that all information I have submitted in connection with my application for the Loan Repayment Assistance Program (LRAP) has been completed accurately to the best of my knowledge. I have attached the appropriate verification document (s) to support my status change."

Signature	Date	
Print Name	Student ID#	Graduation Date