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### Request For Loan Forgiveness Due To School Closing

Please complete each section below with the requested information.

#### SECTION I - BORROWER INFORMATION

Full Name		Social Security Number	
Street Address		Home Telephone Number (      )	
City		State	ZIP Code

#### SECTION II - STUDENT INFORMATION

Full Name		Social Security Number	
School Attended by Student (Verify this information. If applicable, make adjustments to the school branch and/or address.)			Date Closed
School Address	City	State	ZIP Code
Course of study in which student was enrolled			

#### SECTION III - LOAN INFORMATION

Below is a listing of the loans you obtained for the student's attendance at the school identified above. Please place a checkmark (✓) beside each of these loans which were obtained for the course of study listed above. The loans selected in this section will be considered for loan forgiveness under this program.

Select	Loan ID	Disbursement Date	Amount Disbursed	Loan Type (Program)	Original Lender
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

#### SECTION IV - BORROWER CERTIFICATIONS

Please read the following statements carefully. If each of these statements is correct, sign and date this form and return it to the address indicated on the enclosed correspondence within 60 days. You will be notified of the Guarantor's decision regarding your eligibility for loan forgiveness. If any of these statements are not correct, you are not eligible for consideration under this program.

By my signature below, I certify, under penalty of perjury, that each of the following statements is true and correct to the best of my knowledge and belief. I certify that the student was enrolled at the school indicated above and was in attendance at the time this institution closed, or withdrew not more than 90 days prior to the date the school closed. As of that date, the student had not graduated or otherwise completed the course of study. The student was unable to complete the course of study identified above due to the closure of the school.

Upon the closing of this school, the student did not complete (and is currently not in the process of completing) the program of study through a teach-out at another school or by transferring academic credits or hours earned at the closed school to another school.

I  did  did not make a claim with respect to the school's closing with any third party, such as the holder of a performance bond or a tuition recovery program and, if so, I received \$\_\_\_\_\_ personally, or through its application as a credit against my loan obligation. If received personally, I agree to apply those funds against this debt.

Upon approval of forgiveness of any loans, I agree to provide testimony regarding any representation made to support my request for discharge. I also agree to produce any documentation with respect to my representations and any sworn statements required to support those representations. By not doing so, I agree to the denial of this forgiveness request.

By signing this form, I attest to the accuracy of the above statements, and confirm that I did receive the loans marked in Section III, on or after 1-1-86, for the course of study for which the student was unable to complete.

**X** \_\_\_\_\_  
Signature Date