

BORROWER INFORMATION

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #
TELEPHONE	EMAIL		
MAILING ADDRESS <input type="checkbox"/> Check here if you are providing updated address			

EMPLOYMENT INFORMATION

Complete this information for the completed year of teaching service to request loan forgiveness.

NAME OF SCHOOL	SCHOOL DISTRICT	FROM (MM/YYYY)	TO (MM/YYYY)

BORROWER CERTIFICATION:

By signing below, I certify that the information shown above is true and accurate. If I am determined to be ineligible for forgiveness, I agree that the unpaid accrued interest may be capitalized (added to the principal balance).

SIGNATURE OF BORROWER	DATE

CERTIFICATION OF EMPLOYMENT FOR FORGIVENESS

TO BE COMPLETED BY DISTRICT PERSONNEL OFFICER, SUPERINTENDENT OR SCHOOL PRINCIPAL

Complete the following to certify the above-named individual's eligibility for loan forgiveness.

The above-named individual completed the following service during the forgiveness period listed above.			
<input type="checkbox"/> 152 Days or More <input type="checkbox"/> 151 – 76 Days <input type="checkbox"/> Less than 76 Days <input type="checkbox"/> Not employed during the period.			
NAME OF OFFICIAL	TITLE	SIGNATURE OF CERTIFYING OFFICIAL	DATE
SCHOOL DISTRICT	PHONE NUMBER	EMAIL	

**RETURN TO: SC STUDENT LOAN
P.O. BOX 8509
COLUMBIA, SC 29202**