

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.

152 Days or More 151 – 76 Days Less than 76 Days 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**