

**BORROWER INFORMATION**

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

**INSTRUCTIONS FOR TEACHERS:**

- All Teachers who have an agreement to teach for the upcoming academic year complete **Section A** below.
- All Teachers who have completed at least one full year of teaching service under program, complete **Section B** below.
- Upon completion of **Section A and/or B** below submit form to the District Personnel Officer or Superintendent to certify in **Section C**.
- If the school district listed in **Section A** is different from **Section B** below, then submit on separate forms.

**SECTION A. DEFERMENT REQUEST**

NAME OF SCHOOL	SCHOOL DISTRICT	TEACHING SUBJECT	JOB TITLE	FROM MM/YYYY	TO MM/YYYY

**SECTION B. FORGIVENESS REQUEST**

NAME OF SCHOOL	SCHOOL DISTRICT	TEACHING SUBJECT	JOB TITLE	FROM MM/YYYY	TO MM/YYYY

**BORROWER CERTIFICATION:**

By signing below, I certify that the information provided above is true and accurate. I agree to notify SC Student Loan immediately upon any change in my employment status. If I am determined to be ineligible for forgiveness for the period, I agree that the unpaid accrued interest may be capitalized (added to the principal balance). If I am not eligible for forgiveness, but I am teaching full-time in the SC public school system, I authorize SC Student Loan to reduce my interest rate two percentage points below the rate agreed to in my Promissory Note.

SIGNATURE OF BORROWER	DATE

**SECTION C. CERTIFICATION OF EMPLOYMENT FOR DEFERMENT AND FORGIVENESS**

**TO BE COMPLETED BY DISTRICT PERSONNEL OFFICER OR SUPERINTENDENT**

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

1. The above-named individual completed the following service during the **forgiveness period** listed in **Section B**.  
 **152 Days or more**  **151-76 Days**  **75 Days or less**  **Not employed during period.**
2. The above-named individual taught in the subject area as listed in **Section B**.  **Yes**  **No**  
 If no, please provide the subject area taught for the forgiveness period. \_\_\_\_\_
3. The above-named individual has an employment agreement to teach for the deferment period listed in **Section A**.  **Yes**  **No**

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