

## Outstanding Loan Information

**Privacy Act Notification Statement :** Collection of this information is authorized under 5 U.S.C. 5379. The purpose of collecting the information is to establish terms under which an individual receives a student loan repayment benefit under the Student Loan Repayment Program. The information will be used as a basis for payroll actions. This information may be disclosed to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, the Department of Labor for worker compensation claims and the

Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, this information may be used within DHHS for study purposes, such as projection of staffing needs, and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress. The request for this information is voluntary, however, if information is not provided it could preclude the processing of the student loan repayment benefits request. *Statement is pursuant to the Privacy Act of 1974 (P.L. 93-597)*

Name	Social Security Number	Date (mm/dd/yyyy)
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 **The following information is required for each lender of a loan(s) being considered under the Student Loan Repayment Program.**

**1. Loan Information** – An official document/letter (*such as the promissory notes and account statements*) from the loan institution providing the above loan information must be attached to this form.

a. Name of the Federally funded loan received, e.g., Federal Stafford Loan, Federal Plus Loan, Federally Insured Student Loan, etc.

b. Date Loan was obtained

c. Remaining Balance of Loan

**2. Name, address, and telephone number for the lending institution holder of the loan, i.e., bank, educational institution, etc.**

a. Name, Address, City, State

b. Telephone Number

c. EFT Routing Number

**3. Name, address, and telephone number of servicing agent of the loan to whom payments are sent (if different from #2).** NOTE: The address shown on your account statement and the address where payments are remitted can differ. Confirm the address where payments are remitted with your servicing agent.

a. Name, Address, City, State

b. Telephone Number

c. EFT Routing Number

**4. Name, job title, and telephone number of authorized official for the Lending Institution.**

a. Name

b. Job Title

c. Telephone Number

**5. Federal Tax Identification Number or EIN for the lending institution.**

**Certification by Applicant/Borrower:** I hereby certify that the information provided on this form is true, complete and accurate to the best of my knowledge. This information does not omit any material fact which would render the false or fraudulent statements as a result of the omission. I am aware that any false or fraudulent statements may be grounds for removal from the program and/or repayment of the loan(s) and any other disciplinary action. I also authorize the NIH Loan Repayment Program, on my behalf, disclosure of my information to the lenders and their authorized collection agents to confirm that my loans are current in their repayment status

Name

Title

Date

Signature