
Waiver of Student Loan Indebtedness

Attach a copy of the Student Loan Repayment Service Agreement (form NIH 2851-2) and the loan balance information document (form NIH 2851-3) to this form. Return form to OHR/CSD.

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)*

Employee Name (*Last, First, MI*)

Social Security Number

Date (*MM/DD/YY*)

Job Title

Agency

Outstanding Loan Balance

Reason for Requesting Waiver of Student Loan Indebtedness. Explain why the recovery of this debt would be against equity and good conscience or against the public interest. Note: Repayment is automatically waived for those employees separated by death or disability retirement, or an inability to continue working because of disability evidenced by acceptable medical documentation.

Waiver Approved: Yes _____ No _____

Approved: Director, OHR, NIH

Print Name

Date