



Loan Repayment Assistance Program (LRAP)

LENDER VERIFICATION FORM

Submit by March 15 of the year after your graduation

Part A: To be completed by the **APPLICANT** (complete Part A and submit to your lender). Only law school loans will be considered.

Name: _____

Social Security Number: _____ - _____ - _____

I hereby authorize my lender, _____, to provide the information requested in Part B to The Ohio State University Moritz College of Law

Applicant's Signature Date

Part B: To be completed by the **LENDER**.

Please complete the information requested below concerning all loans owed by the above-referenced individual. Please complete and return before the **March 15 deadline** to:

The Ohio State University
Moritz College of Law
Cybele Smith, LRAP Coordinator
55 W. 12th Ave.
Columbus, Ohio 43210

If you have any questions, please contact Cybele Smith at 614-292-7707 or 614-292-6667 fax.

Loan Type: _____

Original Amount Borrowed: _____

Capitalized Interest:_____

Interest Rate:_____ Initial Disbursement Date:_____

Unpaid Balance:_____ Required Monthly Payment:_____

Type of Repayment Plan:_____

First Payment Due:_____ Final Payment Due:_____

Loan status: **Deferment** or **Forbearance** or **Repayment** or **Past Due** or **Default** – Please CIRCLE.

If in grace, deferral or forbearance, indicate the:

Ending date:_____ Estimated Monthly Payment:_____

Please provide payment history for the last 6 months, if applicable. If the applicant has more than one loan with your institution, please submit information on all outstanding student loans.

Lender Name:_____

Lender Address:_____

Lender Telephone:(_____)_____-_____

Print Name of Respondent:_____

Title:_____

Applicant's Signature

Date