The following information must be provided to your lender and the Delaware Loan Repayment Program:
 1. Complete Sections A & B for **EACH** loan.

 2. Complete Section C sign in BLUE ink and have notarized. (Release of Information Form)

 3. Send **DIRECTLY** to your lender:
 a. Section A

b. Section B

c. Photocopy of Section C ***(for EACH loan)***

 4. Send to the Delaware State Loan Repayment Program:

 a. Photocopy of Section A ***(for EACH loan)***

 b. Photocopy of Section B

 c. Original signed in BLUE ink and notarized Section C

*The Delaware State Loan Repayment Program is NOT responsible for submitting paperwork to your lender(s).*

**Section A:** To be completed by applicant

Name & Address of Lending Institution and/or Federal, State, or Other Government Program:

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Date of Loan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |
| Original Amount of Loan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Number of Payments Made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Current Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date of Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Payment Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Interest Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Purpose of Loan (as indicated on loan application): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

*Any loan eligible for Federal loan consolidation is eligible for repayment if obtained for the purpose of meeting the borrower’s direct costs of attending undergraduate or graduate school, a school of medicine, or a school of osteopathy. Direct education costs include tuition, fees, books and supplies, living expenses, and other items normally associated with the cost of attendance for on academic year as defined by the US Department of Education’s Student Aid Handbook. Loans not eligible for Federal loan consolidation will be considered if documentation is presented that establishes the proceeds from the loans were used to meet direct education costs. Credit card debt and funds received from the Delaware Institute for Medical Education and Research (DIMER) are ineligible for repayment. The Delaware Loan Repayment Program will only pay toward the educational costs associated with the health professional degree, and a determination will be made of the proportion of a consolidation loan that will be paid for successful applicants.*
Dear Lender(s): (Retain a copy of this form as a record of advanced payment request)
I am requesting that your institution submit the information requested as soon as possible to:

|  |  |  |
| --- | --- | --- |
| **Loan Repayment CoordinatorDelaware Health Care CommissionMargaret O’Neil Building, Third Floor410 Federal Street, Suite 7** **Dover, DE 19901** | **Phone:****Fax:** | **302-739-2730302-739-6927** |

**Certification:**

I hereby certify to the accuracy of the above information and apply to enter into an agreement with the Delaware Loan Repayment Program for repayment of educational loans, incurred solely for the costs of education in an undergraduate or graduate school, a school of medicine or a school of osteopathy (for tuition, educational expenses or living expenses from a college, university, government or commercial source). I hereby authorize the financial institution or Government named above to release this information about the loan listed above to the administrator of the Delaware Loan Repayment Program.

WARNING: Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal or state official, fraudulently obtains repayment for a loan under this agreement or commits any other illegal action in connection with this transaction may be subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Loan Repayment Applicant (use BLUE ink) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name of Loan Repayment Applicant

**Section B – Applicant should submit to lender for verificati*on****The individual identified on this form has applied to participate in the Delaware Loan Repayment Program. The Delaware Loan Repayment Program is a program designed to improve the recruitment and retention of health care providers in underserved areas of Delaware. The individual identified above states that, to the best of his or her knowledge, the loan information provided is a bona fide legally enforceable commercial, Federal, state, or government educated loan obtained for the purpose of meeting the borrower’s cost of attending undergraduate or graduate school, of medicine, or a school of osteopathy (for tuition, educational expenses, or living expenses from a college, university, government or commercial source). Please verify the information according to your records and include any corrections in the “comment” space provided below. Also, please indicate your title and date this form in spaces provided.*

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby certify to the accuracy of the loan information contained on this Loan Information and Verification Form, or as corrected by my notations or comments:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Lending Institution Representative
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section C**

**Delaware Institute for Dental Education and Research
Delaware Institute for Medical Education and Research
Delaware Health Care Commission
Delaware Higher Education Commission

Request to Release Personally Identifiable and Confidential Information**

The Family Educational Rights and Privacy Act (FERPA) allows institutions of higher education, state education agencies, and other agencies administering student aid programs to release detailed information to only the student. The student may; however, voluntarily waive their privacy rights to the person(s) they choose to authorize in the statement below. By completing this form the named person(s) will have the ability to obtain information regarding the student’s financial aid and/or loan files.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­ \_ \_\_\_\_\_\_\_ hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing the Delaware Health Care Commission and Delaware Higher Education Commission, acting as agents for the Delaware Institute for Medical Education and Research to receive any requested information concerning my financial aid application, or applications(s) for student loans, and other “non-directory” information pertinent to my application for the Delaware State Loan Repayment Program for Health Care Providers. The institutions and agencies directed to release information to the State’s agents are listed below.

|  |
| --- |
| Health Professions Education Institutions: |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Lenders/Guaranty Agencies/Loan Servicers: |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student’s PRINTED Name | Social Security Number |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student’s Signature (use BLUE ink)  | Date |

*Notary Seal*