

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