

**Maryland Loan Assistance Repayment Programs
Institution Certification Form**



Maryland Higher Education Commission
Office of Student Financial Assistance
217 E Redwood Street
Baltimore, MD. 21202
(P) (410)767-3300
TTY for the Deaf - (800) 735-2258
www.mhec.maryland.gov

careerbased.mhec@maryland.gov

Section A - Release (To be completed by the applicant)

In lieu of submitting this form you may submit an official transcript from the institution or documentation from the National Student Clearinghouse. The transcript or documentation, if submitted, must list the degree you received and the date you received it.

Select the program you are applying to:

☐ Janet L. Hoffman ☐ Maryland Dent Care ☐ MLARP Foster ☐ MLARP Police and Probation

MHEC ID Number: _____ Last Four SSN: _____ Date of birth: _____

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip code: _____

I authorize my institution to provide the educational information you requested. I certify that the information given is true and complete to the best of my knowledge.

Applicant's signature

Date

Section B - Degree Certification (To be completed by institution)

The above named applicant has applied for the Maryland Loan Assistance Repayment Program with the Office of Student Financial Assistance. Please complete the following section and **return it to the applicant**.

Degree received: _____ Major: _____

Date of graduation: _____ Name of institution: _____

Signature of official: _____

Date

Printed name of official: _____

Title

E-mail address: _____

Please affix official school/university seal here: