



MARYLAND LOAN ASSISTANCE REPAYMENT PROGRAMS

Lender Verification Form

Maryland Higher Education Commission Office of
Student Financial Assistance
217 E Redwood Street
Baltimore, MD. 21202
(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) Select the program applying for:

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

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

First Name: _____ Last Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip code: _____

I authorize my lender _____, to provide the loan information requested by the Office of Student Financial Assistance. I certify that the information given is true and complete to the best of my knowledge.

Applicant's signature

Date

Section B – Loan Information (To be completed by the lender)

Type of Loan

Account number

\$ _____
Outstanding balance

This loan is: Current In default In deferment Grace Period Forbearance

Name of lender or servicer

Federal I.D. number of lender or servicer

Address of lender or servicer

City _____ State _____ Zip code _____

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of official

Date

Printed name of official

Title of official

Telephone number: _____

E-mail: _____

Submit this form and all required documents to MHEC by SECURE UPLOAD online through your MDCAPS account. Once logged in select “Electronic File Upload” from the homepage then follow the prompts.

Under provisions of the Americans with Disabilities Act, the material is available in alternate formats. Please call (410) 767-3124, (800) 974-0203, or (800) 735-2258 (TTY /Voice)

Note: This form must be used for each of your loans. Make as many copies as necessary.