Maryland Higher Education Commission Office of Student Financial Assistance 6 N. Liberty Street, Ground Suite Baltimore, MD 21201 Phone: (410) 767-3300 TTY for the Deaf - (800) 735-2258 Email: careerbased.mhec@maryland.gov

## Maryland Loan Assistance Repayment Program (MLARP) for Foster Care Recipients **Lender Verification Form**

Award Year 2022- 2023

Sect	ion A – Release of Information (To be completed by	the <u>applicant</u> )			
1.	Social Security Number:		_ Date of birth:/_		
2.	Last name:	First name:		MI:	
	Previous name under which records may be kept:				
3.	Permanent mailing address:				
	City:	State:	Zip code	:	
I au	chorize my lender,ested by the Office of Student Financial Assistance.		, to provide th	e loan information	
Applicant's signature			Date		
Sect	ion B – Lender Verification (To be completed by the	<u>lender</u> )			
Type of Loan			Account number		
\$ Out:	standing balance				
This	loan is: Current In default In defermen	nt			
Name of lender or servicer		Federa	Federal I.D. number of lender or servicer		
Add	ress of lender or servicer	City	State	Zip code	
I cei	tify that the information provided above is true and	l complete to the best of i	my knowledge.		
Sig	nature of official	Date			
Pri	nted Name	Title o	f official		
Tel	ephone number:	— E-mai	1:		

Please return to the applicant at the above address.

This form must be returned by December 1, 2022 to MHEC by email at careerbased.mhec@maryland.gov