



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

Social Security Number: _____

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 Janet L. Hoffman 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: