

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

MARYLAND LOAN ASSISTANCE REPAYMENT PROGRAMS

Lender Verification
Award Year 2024-2025

careerbased.mhec@maryland.gov

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

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

Social Security Number:

Date of birth:

First name:

Last Name:

MI:

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.**