

**I. BORROWER SECTION**

1. SOCIAL SECURITY NUMBER	2. NAME OF BORROWER (LAST, FIRST, MI, MAIDEN)	3. TELEPHONE NUMBER
4. LAST KNOWN STREET ADDRESS	CITY	STATE
		ZIP CODE

**II. LENDER SECTION**

5. LENDER ID	6. LENDER NAME	7. LENDER TELEPHONE NUMBER
8. LENDER ADDRESS	CITY	STATE
		ZIP CODE
		9. CONTACT PERSON

**III. CLAIM SECTION**

10. CHECK THE REASON FOR CLAIM		11. CHECK TYPE OF LOAN	
___ (0) CLOSED SCHOOL		___ A. FEDERALLY INSURED STUDENT LOAN	
___ (1) DEFAULT - IS THERE A "CURE"? YES ___		___ B. STAFFORD (FFEL)	
___ (2) BANKRUPTCY WITH 7 YRS IN REPAYMENT (CH 7 & 11)		___ C. UNSUBSIDIZED STAFFORD	
___ (3) DEATH		___ D. SLS	
___ (4) PERMANENT AND TOTAL DISABILITY		___ E. CONSOLIDATION	
___ (5) BANKRUPTCY LESS THAN 7 YRS IN REPAYMENT (CH 7 & 11)		___ F. PLUS	
___ (6) FALSE CERTIFICATION		___ G. OTHER	
___ (7) BANKRUPTCY CHAPTER 13			
___ (8) BANKRUPTCY CHAPTER 12			
12. DATE STUDENT CEASED AT LEAST HALF-TIME STUDY _____ MM/DD/YY	13. LAST DAY OF GRACE PERIOD _____ MM/DD/YY	14. DATE FIRST PAYMENT DUE _____ MM/DD/YY	
15. DUE DATE OF MOST DELINQUENT PAYMENT _____ MM/DD/YY	16. LAST DATE INTEREST WAS PAID OR CAPITALIZED _____ MM/DD/YY		
17. GUARANTOR'S NAME	ADDRESS	CITY	STATE
			ZIP CODE
			18. GUARANTOR'S TELEPHONE NUMBER

**IV. LOAN INFORMATION (For each loan, list the first actual disbursement date and unpaid principal balance)**

19. Date of Disbursement	20. Amount of Disbursement	21. Annual Interest Rate	22. Amount of Capitalized Interest	23. Unpaid Principal Balance	Department of Education Use Only
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
Totals	\$		\$	\$	

**V. COSIGNER/ENDORSER INFORMATION (If applicable)**

24. LAST NAME	FIRST NAME	MI	MAIDEN NAME	25. TELEPHONE NUMBER
26. ADDRESS	CITY	STATE	ZIP CODE	
27. LAST NAME	FIRST NAME	MI	MAIDEN NAME	28. TELEPHONE NUMBER
29. ADDRESS	CITY	STATE	ZIP CODE	
I certify that all the information provided in connection with this claim is true and correct and that this claim fully complies with the provisions of Title IV, Part B of the Higher Education Act of 1965, as amended (the Act) and all statutes and regulations applicable to the Federal Family Education Loan Program. I also certify that the loan satisfies all the requirements for payment under the Act and regulations and that (1) if I am filing a default claim, the borrower is not eligible for a deferment; and (2) the loan has been serviced in compliance with the Department of Education's regulations for due diligence in 34 C.F.R. Part 682. If I receive any payments related to this claim after I have submitted this form, I agree to send the money received to the Department of Education after the Department has paid the claim.				
30. SIGNATURE OF OFFICER	31. TYPED NAME AND TITLE	32. DATE OF APPLICATION FOR INSURANCE CLAIM		

DO NOT WRITE BELOW THIS LINE (FOR ED use only)

DATE OF DEFAULT	SLIP DATE	APPROVED BY	DATE APPROVED

