

DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION	CONTROL NO.	LOAN PROGRAM (X one) <input type="checkbox"/> ACTIVE DUTY LRP <input type="checkbox"/> HEALTH PROFESSIONALS LRP <input type="checkbox"/> SELECTED RESERVE LRP	<i>OMB No. 0704-0152 OMB approval expires</i>
<p>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0152). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p style="text-align: center;">PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK a.</p>			
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 10 U.S.C. 2171, Education Loan Repayment Program: Enlisted Members on Active Duty in Specified Military Specialties; 2173, Education Loan Repayment Program: Commissioned Officers in Specified Health Professions; 16301, Education Loan Repayment Program: Members of Selected Reserve; 16302, Education Loan Repayment Program: Health Professions Officers Serving in Selected Reserve with Wartime Critical Medical Skill Shortages; 16303, Loan Repayment Program: Chaplains Serving in the Selected Reserve, and E.O. 9397, Social Security Number (SSN).</p> <p>PRINCIPAL PURPOSE(S): In completing this form, you are requesting your Military Service to pay a portion of your student loan(s). The information you provide will be reviewed by Military Service personnel record custodians to verify that you meet eligibility requirements. This form will then be forwarded to the lender that you identify for verification of the loan amount and status. The form is returned to the Service finance office to make the annual payment to your lender. Collected information is covered by the Applicable Military Service System of Records Notice (SORN) for the Official Military Personnel File or Military Records Jacket. These links can be found at: http://dpclo.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html.</p> <p>ROUTINE USE(S): To the lender (Department of Education, U.S. Public Health Service, or other financial institution) you identify so that the loan amount and status can be verified. The lender returns the completed form to your unit for additional processing. To the Internal Revenue Service for the purpose of reporting taxable income, and to the credit reporting agencies to assist in the recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary. The DoD Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml may apply to this collection.</p> <p>DISCLOSURE: Voluntary. However, if the requested information is not provided, DoD will not be able to verify the loan amount or status and make the annual payment you are requesting. Your Social Security Number (SSN) is used to ensure accuracy of data involving the specified individual applicant. If you do not provide your SSN, processing of your application may be delayed.</p> <p>OFFICIAL MILITARY PERSONNEL FILES: Air Force: http://dpclo.defense.gov/privacy/SORNs/component/airforce/F036_AF_PC_C.html Army: http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104B_AHRC.html Army National Guard: http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104b_NGB.html Navy: http://dpclo.defense.gov/privacy/SORNs/component/navy/N01070-3.html Marine Corps: http://dpclo.defense.gov/privacy/SORNs/component/usmc/M01070-6.html</p>			
1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer)			
a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code)		b. VERIFYING OFFICIAL. I certify that this servicemember has performed satisfactorily.	
N E E D S		(1) NAME (Last, First, Middle Initial) D E D 6 7	
		(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
2. SERVICEMEMBER DATA (To be completed by Servicemember or Borrower (if parent loan incurred for Servicemember's education - see instructions))			
a. NAME (Last, First, Middle Initial)		b. ADDRESS (Street, City, State, and ZIP Code)	
c. SOCIAL SECURITY NO.	d. TELEPHONE NO. (Include Area Code)	I authorize the release of my financial data by lender/holder to complete entries in Section 3.	
e. E-MAIL ADDRESS		f. SIGNATURE	g. DATE SIGNED (YYYYMMDD)
3. LOAN DATA (To be completed by loan servicing agency)			
a. NAME ON THE LOAN (Last, First, Middle Initial)		b. ORIGINAL DATE OF PROMISSORY NOTE (YYYYMMDD)	
c. ORIGINAL LOAN AMOUNT	d. LOAN _____ OF _____ LOANS	e. LOAN ACCOUNT NUMBER	
f. LOAN HOLDER NAME		g. LOAN HOLDER ADDRESS (Include ZIP Code)	h. TELEPHONE NUMBER (Include Area Code)
i. LOAN IN DEFAULT (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	j. UNPAID PRINCIPAL BALANCE	k. OUTSTANDING BALANCE	l. IS THIS A CONSOLIDATED LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
m. FEDERAL TAX IDENTIFICATION NO.	n. TYPE OF LOAN (See Instructions)	o. LOAN INTEREST (1) CAPITALIZED \$	(2) CURRENT YEAR \$
p. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT (Include ZIP Code)			q. LENDER ROUTING NUMBER
r. CERTIFYING OFFICER. As an official of the holding institution, I verify that this information is correct and current. Copy of the promissory note is enclosed.			
(1) NAME (Last, First, Middle Initial)	(2) TITLE	(3) SIGNATURE	(4) DATE SIGNED (YYYYMMDD)

4.a. ORIGINAL LOAN AMOUNT	b. CANCELLED AMOUNT	c. DISBURSED AMOUNT	d. DATE OF DISBURSEMENT (YYYYMMDD)

5. REMARKS

N E E D S D D 6 7

DD FORM 2475, "DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION" INSTRUCTIONS

SECTION 1. PERSONNEL OFFICE VERIFICATION
(To be completed by the designated personnel officer.)

1.a. - b. Self-explanatory.

SECTION 2. SERVICEMEMBER DATA
(To be completed by Servicemember or Borrower.)

2.a. - g. Servicemember or Borrower must complete. If the Borrower is the parent and has a Parent Loan for Undergraduate Students incurred for the Servicemember's education, please ensure the Servicemember's full name and last 4 digits of their SSN are provided in Section 5, Remarks.

SECTION 3. LOAN DATA
(To be completed by loan servicing agency.)

- 3.a. Name as it appears on the promissory note.
- 3.b. - c. Self-explanatory.
- 3.d. Loan ___ of ___ Loans. A separate DD Form 2475 must be completed for each loan if Borrower has more than one (1) loan. For example, loan 1 of 3 loans, loan 2 of 3 loans, and loan 3 of 3 loans.
- 3.e. Loan Account Number to be used to ensure payments are applied to the correct amount.
- 3.f. - h. Identify the name, address, and telephone number of the institution that currently services the loan. Please list any additional contact information in Section 5, Remarks.
- 3.i. Mark X in the appropriate box.
- 3.j. Self-explanatory.
- 3.k. Self-explanatory.
- 3.l. If multiple loans have been consolidated, mark (X) "Yes" or "No" indicating consolidating action.
- 3.m. Provide Federal tax identification number for tax withholding.

- 3.n. Type of Loan. Select from list below: The loan must qualify under the Higher Education Act of 1965, Title 4, Parts B, D, and E; the Health Education Assistance Loan under Part C, Title VII, Public Health Service Act; under Part B, Title VIII; Health Professional Loans that the SECDEF determines to be critical to meet wartime medical skill shortages; William D. Ford Federal Direct Loan; or any loan incurred for educational purposes made by a lender that is: (1) an agency or instrumentality of a State; (2) a financial or credit institution (including an insurance company) that is subject to examination and supervision by an agency or the United States or any State; or (3) from a pension fund or a non-profit private entity (subject to case-by-case review/approval by the Office of the Undersecretary of Defense for Personnel and Readiness (Military Personnel Policy) (Accession Policy) through each Service's Education Representatives).
NOTE: For eligible LRP participants - Parent Loans for Undergraduate Students (PLUS) and Consolidated Loans are also eligible for repayment under the LRP, as long as the loans were incurred for the Servicemember's education. Since the loans may be in someone else's name and could include loans incurred for individual's education other than the Servicemember (such as a sibling or loans incurred for their own education), it would be necessary to have the borrower complete Section 2 and include information regarding the education for which the loans were incurred.
- 3.o. Self-explanatory.
- 3.p. Complete this block only if different than the one listed in 3.f. and 3.g.
- 3.q. Lender may not use a routing number as the payment address.
- 3.r. Self-explanatory.

SECTION 4. LOAN DATA (To be completed by loan servicing agency.)

- 4.a. Self-explanatory.
- 4.b. Amount cancelled after Origination Date of Loan.
- 4.c. Self-explanatory.
- 4.d. Date of each individual disbursement.

SECTION 5. REMARKS.

Use this section to enter additional information that will assist in processing this application.

After completion and signature, please return form to the address listed in Section 1.a.