

## Guaranty Agency & Guaranty Agency Servicers Compliance Audit Information Pages

### **Guaranty Agency Compliance Audit Information Page:**

1. Indicate the Period Audited (mm/dd/yyyy).

2. Review your auditor information. *Users will enter information regarding auditor firm/name of auditor for audit being submitted.*

***Enter Auditor's TIN:***

- Auditor's Name\*:***
- Audit Firm Name\*:***
- Audit Firm Address\*:* (Address 1, Address 2, City, State, Country)**
- Phone #\*:***
- Fax # (Optional):***
- Email\*:***

3. Was the Student Federal Family Education Loan Program (FELP) audited as the major program?

4. Does this A-133 report contain any findings related to the Federal Family Education Loan Program FELP?

5. Opinion Type. User will select Opinion type from list provided.

### **Completeness Checklist Page:**

1. List of items required based to be included in audit.

2. Contact Information/Additional Information:

Please let us know who to contact with questions regarding this submission?

President CEO/Contact: **Name:**                      **Email:**                      **Phone:**

Firm and CPA Contact: **Firm Name:**                      **Auditor Name:**                      **Email:**                      **Phone:**

Enter any additional notes:

**Upload Attachments Page:** User will attach required documents as required by submission:

Compliance Audit
Corrective Action Plan (if required)
Other (Optional)

**Submit Page.** Submit to ED

## Guaranty Agency Servicer Compliance Audit Information Page:

1. Indicate the Period Audited (mm/dd/yyyy).
2. Review your auditor information. *Users will enter information regarding auditor firm/name of auditor for audit being submitted.*

**Enter Auditor's TIN:**

- **Auditor's Name\*:**
- **Audit Firm Name\*:**
- **Audit Firm Address\*:** (Address 1, Address 2, City, State, Country)
- **Phone #\*:**
- **Fax # (Optional):**
- **Email\*:**

3. Does this Compliance audit contain any findings related to the Federal Family Education Loan Program (FELP)?

### Completeness Checklist Page:

1. List of items required based to be included in audit.
2. Contact Information/Additional Information:

Please let us know who to contact with questions regarding this submission?

President CEO/Contact:

**Name:**                      **Email:**                      **Phone:**

Firm and CPA Contact:

**Firm Name:**              **Auditor Name:**              **Email:**              **Phone:**

Enter any additional notes:

**Upload Attachments Page:** *User will attach required documents as required by submission:*

Compliance Audit
Corrective Action Plan (if required)
Other (Optional)

**Submit Page** – Submit to ED.