



LENDER VERIFICATION FORM
(TO BE COMPLETED BY EACH LENDER *)
Please copy additional forms if necessary

Name: _____ Social Security Number: _____

Email: _____ Telephone: _____

I authorize my lender, _____, to provide the loan information requested by the Office of Student Financial Services.

I certify that the information supplied on this form is correct.

Applicant Signature

Date

This section to be completed by the lending institution

Name of applicant

Account number

Outstanding principle

Outstanding interest

Monthly/quarterly payment

Date first payment is/was due

Monthly payment information is necessary although a loan may be in deferment at the present time. If a repayment schedule has not yet been determined, please provide an estimate of the monthly payment.

Please indicate payment schedule: _____ Monthly _____ Quarterly

This loan is: _____ Current _____ In default _____ In deferment

Has this loan ever been in default? _____ Yes _____ No

If YES, when: _____

Name of lender to whom payments will be made

Printed name of official

Federal ID number of lender

Title of official

Address

Signature of official

City State Zip

Telephone number

Date

This form must be received by **July 31, 2015** by mail or fax:
MDC-LARP
Office of Oral Health
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, 4th Floor
Baltimore, MD 21201
Fax: (410) 333-7392