Drexel University Thomas R. Kline School of Law

Loan Repayment Assistance Program

Lender Verification Form Submit by November 1

Part A: To be completed by the *APPLICANT* (Complete Part A and submit to your lender. Only law school loans will be considered.)

Applicant's Name		
Social Security #		
Lender Institution		
I hereby authorize my lender to provide the information requested in Part B to Drexel University Thomas R. Kline School of Law.		
Applicant's Signature	Date	
Part B: To be completed by the LENDER.		
Please complete the information requested below concerning all loans owed by the above reference individual. Please complete and return before the November 1 deadline to:		
Drexel University Thomas R. Kline School of Law Rashida West, Esq. 3320 Market Street Philadelphia, PA 19104 215-571-4744 (Fax)		
If you have any questions, please contact Rashida West at 215-571-4805 or rtw27@drexel.edu.		
Loan Type		
Amount Borrowed		

Capitalized Interest			
Interest Rate	lı .	Initial Disbursement Date	
Unpaid Balance	P	Required Monthly Payment	
Type of Repayment Plan			
First Payment Due	Final Payment Due		
Loan Status - Please Check the Correct Box:			
☐ Deferment	☐ Forbearance ☐ Repay	ayment Past Due Default	
If in grace, deferral or forbearance, please indicate the:			
Ending Date	E	Estimated Monthly Payment	
Please provide payment history for the last 6 months, if applicable. If the applicant has more than one loan with your institution, please submit information on all outstanding student loans.			
Lender's Name			
Lender's Address			
Lender's Phone	L	Lender's Fax	
Respondent's Name			
Respondent's Title			
Signature		Date	