



SEATTLE UNIVERSITY SCHOOL OF LAW  
2022-23 Loan Repayment Assistance Program (LRAP)

LENDER VERIFICATION FORM

*Priority Deadline: April 15, 2024*

**Part A: To be completed by the applicant** (complete Part A and submit this form to each lender).

Name: \_\_\_\_\_ Social Security Number or Lender ID #: \_\_\_\_\_

I hereby authorize my lender, \_\_\_\_\_, to provide the information requested in Part B to Seattle University School of Law LRAP.

Applicant's Signature

Date

**NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THE LENDER SUBMITS EACH VERIFICATION FORM BY THE APRIL 1, 2024 PRIORITY DEADLINE.**

*You must be persistent and follow up with lenders!*

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**Part B: To be completed by the lender. Attention Lender: THIS FORM MUST BE COMPLETED!**

Please complete the information requested below concerning the employment status of the above-referenced individual.

**Lender, please complete and return before the priority deadline.**

Mail:

Seattle University School of Law

LRAP Committee, Student Financial Services

901 12<sup>th</sup> Avenue, Sullivan Hall

Seattle, WA 98122-1090

Email: lawfa@seattleu.edu

Fax: 206.398.4058

*Questions? Contact us at 206.398.4250 or lawfa@seattleu.edu.*

Loan Type: \_\_\_\_\_ Original Amount Borrowed: \_\_\_\_\_

Capitalized Interest: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Initial Disbursement Date: \_\_\_\_\_ Unpaid Balance: \_\_\_\_\_

Required Monthly Payment: \_\_\_\_\_ Type of Repayment Plan: \_\_\_\_\_

First Payment Due: \_\_\_\_\_ Final Payment Due: \_\_\_\_\_

**Loan Status:** ☐ DEFERMENT; ☐ FORBEARANCE; ☐ REPAYMENT; ☐ PAST DUE; ☐ DEFAULT

If in grace, deferral or forbearance, indicate the ending date: \_\_\_\_\_ Estimated Monthly Payment: \_\_\_\_\_

**Please provide payment history for the last 6 months, if applicable. If the applicant has more than one loan with your organization, please submit information on all outstanding student loans. Thank you for your time.**

Lender Name: \_\_\_\_\_

Lender Address: \_\_\_\_\_

Lender Telephone: \_\_\_\_\_

Print Name of Respondent: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature

Date