ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
2010-11 Loan Balance Verification Form

CREDENTIALED TEACHER

LENDERS MUST COMPLETE AND RETURN THIS FORM TO:
California Student Aid Commission **– Cheryl Phelps**
P.O. Box 419029, Rancho Cordova, CA 95741-9029
916.464.6412 **Fax 916.464.8240**

The California Student Aid Commission (Commission) is authorized to assume portions of the following **APLE for Credentialed Teacher** participant's educational loan debts. If the Commission determines that the participant is eligible for APLE benefits, an assumption payment will be issued.

SECTION I: TO BE COMPLETED BY PARTICIPANT (please print or type)

I hereby authorize a lending institution official to complete and release, to the Commission, the information requested below.

PARTICIPANT'S NAME _____ PARTICIPANT'S SSN _____ PARTICIPANT'S SIGNATURE _____ DATE _____

AFTER YOU HAVE COMPLETED SECTION I,
FORWARD THIS FORM TO EACH LENDER(S) TO COMPLETE SECTION II.

SECTION II: TO BE COMPLETED BY A LENDING INSTITUTION OFFICIAL (please print or type)

~IF THE LOAN HAS BEEN SOLD, PLEASE FORWARD THIS FORM TO THE NEW LENDER/SERVICER~

ACCOUNT/ LOAN #	LOAN TYPE	CONSOLIDATED (please circle)	SUB OR UNSUB	INTEREST RATE	DISBURSEMENT DATE	JUNE 30, 2011 PAYOFF AMOUNT	COMMISSION / ECMC GUARANTEED (please circle)	DEFAULT? YES / NO
		Y / N				$	Y / N	Y / N
		Y / N				$	Y / N	Y / N
		Y / N				$	Y / N	Y / N
		Y / N				$	Y / N	Y / N
		Y / N				$	Y / N	Y / N
		Y / N				$	Y / N	Y / N

TOTAL: $

PLEASE INDICATE WHERE THE APLE PAYMENT IS TO BE SENT:

LENDER / SERVICER NAME _____ 7 DIGIT LENDER CODE _____

ADDRESS WHERE PAYMENT IS TO BE SENT _____ CITY _____ STATE _____ ZIP _____

By my signature, I certify under penalty of perjury that the information provided on this form is, to the best of my knowledge, correct and accurate.

SIGNATURE OF LENDING INSTITUTION OFFICIAL _____ PRINTED NAME OF OFFICIAL _____

E-MAIL ADDRESS _____ TELEPHONE NUMBER _____ DATE _____