S N A P L E N F

STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (SNAPLE NF)
FY 2018 Loan Balance Verification Form

SERVICER MUST COMPLETE AND RETURN THIS FORM TO:

California Student Aid Commission - SNAPLE NF Program
P.O. Box 419029, Rancho Cordova, CA 95741-9029
FAX (916) 464-8004 or E-MAIL: Specialized@csac.ca.gov

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

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

I hereby authorize a lending/servicing 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 YOUR LENDER TO COMPLETE SECTION II.

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

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

ACCOUNT #	LOAN TYPE	SUB OR UNSUB	INTEREST RATE	DISB DATE	JUNE 30, 2016 PAYOFF AMOUNT	COMMISSION/ECMC GUARANTEED please circle	IF DEFAULT please circle
					$	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 SNAPLE NF PAYMENT IS TO BE SENT:

LENDER/SERVICER NAME _____ 7 DIGIT LENDER/SERVICER CODE _____

ADDRESS WHERE PAYMENT IS TO BE SENT - (DEPARTMENT/UNIT) _____ 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 _____

CALIFORNIA STUDENT AID COMMISSION