



701 S. State Street
 2200 Jeffries Hall
 Ann Arbor, MI 48109-3091

(734) 764-5289
 fax: (734) 763-7761
lawfinaid@umich.edu

DEBT MANAGEMENT PROGRAM LENDER CERTIFICATION FORM

INSTRUCTIONS: Please complete Part A of this form and forward to the holder of **each** of your educational loans incurred at the University of Michigan Law School.

Part A: To be completed by the applicant

Name: _____ Social Security Number: _____

I authorize the lender at _____ to provide the information requested in Section B to the University of Michigan Law School.

 Applicant's signature Date

Part B: To be completed by the lender

The individual listed above has applied for a special program, which requires information regarding any loans the applicant has borrowed from you. Please complete the required information and return it to our office by mail, email, or fax as soon as possible, but no later than **December 13, 2023**. If sending via email, please redact the applicant's SSN. Thank you for your attention.

Type of Loan	Amount Borrowed	Amount Outstanding	Monthly Payment	Date First Payment Due	Last Payment Received	Interest Rate	Repayment Plan (years) - total, not years remaining

Is the applicant enrolled in IBR, PAYE, or SAVE? _____

Is the applicant delinquent or in default? _____ How many days? _____

Are the applicant's loans in deferment or forbearance? _____ Start/end date: _____ / _____

Comments: _____

 Authorized signature

 Name (printed) and title

 Name of lender

 Date

 Address

 Telephone