NOTICE: Please fill out and return this statement even if no payment is due. May be completed by cosigner/parent.

LOAN RECONFIRMATION STATEMENT

STUDENT EDUCATION LOAN FUND P. O. Box 2475 Livermore, CA 94550

Due Date April 15 each year



	Date			
	Name:			
	Date of First Loan:			
	Total Loan	Amount Repaid	Balance Due	
Name	meParent/CosignerName			
Address		Address		
City		City		
Phone		Phone		
Email Address			Email Address	
School		School Sta	atus	
Expected or	r Actual Date to Comp	lete Education Program		
Loan Inforr	nation is Correct and I	Reconfirm the Obligation:	YesNo	
Signature:_			Date:	
Comments:	:			

We would appreciate you or your cosigner confirming the above loan information by April 15 each year, also please provide the contact information requested and return this form.

Please note that the loan contract which you signed stipulates that 25% of your loan balance is due by the 13th month after you complete or terminate your post high school education. Successive 25% repayments are required during each of the following 3 years. If you complete the repayments on schedule there is no interest due on the loan. Payments which are delinquent will be assessed interest at the rate specified in your loan contract (3 or 6%) per annum. If for any reason the required payments are not made on schedule, the entire loan balance plus interest becomes due and payable 4 years from the due date of the first payment. You have agreed to report on an annual basis the information requested above. Please note our mailing address at the top of this form.

If you have any questions about your loan please contact:

Carol Lokke (925) 447-5437(H) Roger Everett (925) 443-5565(H) David Darlington (925) 606-7042 Margaret Miller (925) 447-6980(H)

clokke@gmail.com roger.everett@sbcglobal.net daviddarlington@att.net mmiller1435@gmail.com For payment questions Student Contact For loan applications Contract Manager