



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 12/31/2007

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information:

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home ( )  
Telephone - Other ( )  
E-mail (optional)

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with Item 3a. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1. Student's name (last, first, middle initial):	2. Student's SSN: [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]
3a. School's name: <b>Robert Fianonce</b>	3b. School's address (street, city, state, zip): <b>Dont Remember</b>
4. Is this school still open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know	5. If this school is closed, were you (or, for PLUS borrowers, was the student) attending the school when it closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6a. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6b. Has this school or any third party (see the definition of "third party" in Section 6, on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If your answers to Items 6a and 6b are "No," skip to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge, refund or payment, if known. Use a separate sheet of paper if you need to report more than one discharge, refund or payment.	
7a. Reason for discharge, refund or payment:	
7b. From whom did you request the discharge, refund or payment (include telephone number)?	
7c. Amount you received or that you expect to receive: \$ _____	

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete Items 8 through 13. If you are unable to provide any of the requested information, write "Don't Know."

8. What amount do you believe the school owes you? \$ _____	<b>Don't Know</b>
9. Why do you believe the school owes you this amount?	<b>Don't Know</b>
10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school: [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] to [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] OR <input type="checkbox"/> Never Attended	<b>cant remember</b>
11. Your (or, for PLUS borrowers, the student's) program of study at the school:	
12. Items 12a and 12b request information about the amount of the school's charges or the amount of the financial aid you received for the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if you received a loan for the winter and spring quarters, provide the total amount for both quarters. If the unpaid refund is for more than one loan and the loans were for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).	
12a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$ _____	<b>March 1988</b>
12b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$ _____	<b>Didn't receive nothing</b>
13. Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.	

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that—

- I received each loan for which I am requesting a discharge on or after January 1, 1986. I received the loan funds directly, or they were applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or withdrew or was terminated from the school within the timeframe that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, Items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: (b)(6) Date: **7-1-11**

To,

7-1-11

Whom it may concern,

I Really cant Remember anything about the school I was there only for about 2 weeks ther was ARESTERD and come to prison it was 1988 I'll never be able to pay any money because I've been IN prison most of my life and I never worked befor I'm going to apply FOR (Social Security) when I'm Release and do my addiction out patient programs and seek help and stay out of trouble and out of prison and (File Bankruptcy) because I'm broke (so what ever you do to help me wit this situation I Really appreciate it.

Respectfully yours,

(b)(6)



I really didnt understand this loan Discharge Thing. Please explain.



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 04/30/2011

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

(b)(6)

Please print or type the following information:

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip Code (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other ( )  
E-mail (optional)

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions, definitions, and terms and conditions in Sections 5, 6 and 7 on this form. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1. Student Name (Last, First, MI) (b)(6)      2. Student SSN: (b)(6)

3. School Name: 007515 Robert Fiance Beauty School      4. School Address (street, city, state, zip code):

5. Is this school still open?  Yes  No  Don't Know      6. If this school is closed, were you (or, for parent PLUS borrowers, was the student) attending the school when it closed?  Yes  No

7. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school?  Yes  No

8. Has this school or any third party (see the definition of "third party" in Section 6 on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered?  Yes  No

If your answers to Items 7 and 8 are "No," skip to Section 3. If your answer to Item 7 or 8 is "Yes," provide the information requested in Items 9, 10, and 11 for each discharge, refund or payment, if known. Use a separate sheet of paper if you need to report more than one discharge, refund or payment.

9. Reason for discharge, refund or payment:

10. From whom did you request or from whom did you receive the discharge, refund or payment? Include telephone number.

11. Amount you received or that you expect to receive: \$

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete Items 12 through 17. If you are unable to provide any of the requested information, write "Don't Know."

12. What amount do you believe the school owes you? \$ Don't know

13. Why do you believe the school owes you this amount?  
Never completed course - sixty-five years old and sickly

14. Your (or, for parent PLUS borrowers, the student's) first and last dates of attendance at the school:  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ to \_\_\_\_ - \_\_\_\_ - \_\_\_\_ OR  Never Attended Don't Remember

15. Your (or, for parent PLUS borrowers, the student's) program of study at the school: Cosmetology

Items 16 and 17 request information about the amount of the school's charges or the amount of the financial aid you received for the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if you received a loan for the winter and spring quarters, provide the total amount for both quarters. If the unpaid refund is for more than one loan and the loans were for different periods of enrollment, provide the amounts requested in Item 16 or 17 for each period of enrollment separately, using a separate sheet of paper for your additional response(s).

16. If your (or, for parent PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$ Don't know

17. If your (or, for parent PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$ Don't know

Attach a copy of any documentation that supports your responses to Items 12 through 17. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that -

- I received each loan for which I am requesting a discharge on or after January 1, 1986. I received the loan funds directly, or they were applied as a credit to my (or, for parent PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for parent PLUS borrowers, the student) did not attend the school or withdrew or was terminated from the school within the time frame that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, Items 7 through 11, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature: (b)(6)

Today's Date: 01/28/11



## SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Before you complete this application, you need to know the following:

- If the school is currently open, you should first contact the school and attempt to resolve the unpaid refund issue before applying for this type of discharge.
- If you (or, for parent PLUS borrowers, the student) are currently attending the school, you are not eligible for this type of discharge. You should contact the school about the refund that you believe you are owed.
- If you, (or, for parent PLUS borrowers, the student) were enrolled when the school closed or withdrew from the school within 90 days before the school closed and you (or, for parent PLUS borrowers, the student) did not complete the program of study at another school, you may wish to apply for a closed school loan discharge rather than an unpaid refund discharge. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Use only numbers. Example: June 24, 2006 = 06-24-2006. If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

## SECTION 6: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of your loan that should have been refunded. Any accrued interest and other charges on the amount of the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. Your loan holder will report the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for parent PLUS borrowers, the student) were enrolled.
- The student (as in "or, for parent PLUS borrowers, the student") refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program or a holder of a performance bond.

## SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON UNPAID REFUND

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amount discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

## SECTION 8: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq. and §451 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq. and 20 U.S.C. 1057a et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4537.

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 9).

## SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

U.S. Department of Education  
Federal Student Aid  
Loan Discharge Applications  
Processing Group Regional Office  
50 Beale Street, Room 8633  
San Francisco, CA 94105-1813

If you need help completing this form, call:

1-800-621-3115





May 24, 2011

(b)(6)

DEBT ID	APPLICATION TYPE	SCHOOL NAME
(b)(6)	UNPAID TUITION REFUND APP	ROBERT FIANCE HAIR DESIGN INST
	UNPAID TUITION REFUND APP	ROBERT FIANCE HAIR DESIGN INST

REFUND AMOUNT: \$840.49

This letter acknowledges receipt of your completed application for student loan discharge. The U.S. Department of Education has determined that you qualify for discharge, or partial discharge, of your student loan(s), listed above. As a result of this determination:

- You will be refunded all monies paid by you on the loan, which our records show to be the amount listed above. A check has been requested from the U.S. Treasury. Please allow 4-6 weeks for delivery;
- you will be relieved of the obligation to repay the loan;
- if you were in default on the discharged loan, you will no longer be regarded as in default on the loan and the past reporting of a default will not preclude you from receiving assistance under the Title IV, Higher Education Act Programs in the future; and
- The Department will report the discharge to all credit reporting agencies to which it reports loan information so that the adverse credit history assigned to the loan is deleted.

This discharge covers only the loan(s) held by the U.S. Department of Education, listed above. The Department has made no determination regarding loans which may be held by guaranty agencies, servicers, lenders, or educational institutions. If you believe that you may be eligible for discharge of other loans, you should contact the holder of those loans. If you have further questions, please call 1(800)-621-3115.

Sincerely,  
Operations Services Processing Group

FEDERAL STUDENT AID  START HERE. GO FURTHER.™

MAY 18 2011

(b)(6)

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**From:** Guidry, Winnie [Winnie.Guidry@ed.gov]  
**Sent:** Tuesday, May 17, 2011 3:44 PM  
**To:** (b)(6)  
**Subject:** Pnotes

(b)(6)

Thanks

(b)(6)

US Department of Education  
Winnie Guidry, Loan Analyst  
Federal Student Aid/Operations Services Group  
50 Beale St., 8609  
San Francisco CA 94105  
(415) 486-5649 - Phone  
(415) 486-5672 - Fax  
E-mail: [winnie.guidry@ed.gov](mailto:winnie.guidry@ed.gov)

5/17/2011

BEST COPY AVAILABLE

BE SURE TO PUT YOUR INITIALS BY ANY CORRECTIONS YOU HAVE TO MAKE

AUXILIARY LOAN TO ASSIST STUDENTS (ALAS)
A. IMPORTANT - READ THIS INFORMATION CAREFULLY

- The terms "I" and "me" refer to the borrower.
1. I will read the Promissory Note before I sign it. If I have any questions, I will ask my lender. If I don't know who my lender will be, I will contact my school of the Higher Education Assistance Foundation (HEAF).
2. When the school accepts my signed Promissory Note with my application, the lender is not necessarily agreeing to lend me the money. The lender has the right to make a loan or lend an amount less than the Loan Amount Requested. I will be required to repay only the amount of money that the lender lends. Laws and regulations may not allow the lender to lend me as much as I have asked for.
3. After HEAF has agreed to guarantee my loan, the lender will send me the Disclosure Statement. The Disclosure Statement will tell me:
a) the total dollar amount of my loan
b) the interest rate I will pay
c) the dollar amount of the guarantee fee I will pay
d) the check disbursement date
e) repayment terms, if principal or interest payment terms are deferred or not deferred.

(b)(6)

Some of the terms on my Disclosure Statement may be different from what they are on the Promissory Note. If they are different, the terms on the Disclosure Statement apply instead of what is on this Note. If I am not satisfied with the new terms, I may cancel the agreement. If I do wish to cancel this agreement, I will contact my lender immediately and I will not cash the loan check. I will be sure to check the Disclosure Statement as soon as I get it and let my lender know if anything on it is different from what I have read.

(b)(6) B. PROMISE TO PAY
I promise to pay to the order of

First Independent Trust Company
Sacramento, CA

All of the following amounts:
1) The entire Loan Amount Requested or such lesser amount as is loaned (LOAN AMOUNT)
2) Interest on the unpaid principal balance
3) The guarantee fee of one percent per year of the total amount of the loan amount based on a declining balance
REQUESTED \$ 2108

C. REPAYMENT
1. Immediate Repayment: If the preceding one (1) year is not agreed to, the borrower must repay the loan and the interest on the unpaid principal balance immediately due and payable.
2. Deferred Repayment: If the preceding loan is deferred, the borrower must repay the loan and the interest on the unpaid principal balance immediately due and payable.
3. The borrower must repay the loan and the interest on the unpaid principal balance immediately due and payable.
4. The borrower must repay the loan and the interest on the unpaid principal balance immediately due and payable.
5. The borrower must repay the loan and the interest on the unpaid principal balance immediately due and payable.
6. The borrower must repay the loan and the interest on the unpaid principal balance immediately due and payable.
7. The borrower must repay the loan and the interest on the unpaid principal balance immediately due and payable.
8. The borrower must repay the loan and the interest on the unpaid principal balance immediately due and payable.
9. The borrower must repay the loan and the interest on the unpaid principal balance immediately due and payable.
10. The borrower must repay the loan and the interest on the unpaid principal balance immediately due and payable.

E. MODIFICATION OF REPAYMENT TERMS
If I am unable to repay this loan as set forth in the terms of this Note, I may request my lender to modify these terms. My lender may, but is not required to, allow any of the following:
1) A short period of time in which payments are allowed.
2) A reasonable amount of time for making payments.
3) The making of smaller payments than were originally scheduled.
No such modification shall affect my continuing obligation to pay interest.

F. DEFAULT & ACCELERATION
1. Default on this loan: The lender may declare the entire unpaid amount of the loan, including interest and applicable late charges, immediately due and payable if I default in any of the following:
a) Failing to make any payment when due.
b) Making any false representation for the purpose of obtaining the loan.
c) Failing to pay the loan proceeds for other than educational purposes.
d) Failing to enroll in the school that I completed the application for the loan, provided as the loan proceeds.
e) Not notifying the lender immediately if I drop out of school or have been advised to change the graduation date, to change my name or to change my address.
f) Failing to pay any late charges and other costs, including attorney's fees, that are permitted by federal law and regulations for the collection of these amounts. If this loan is referred for collection to an agency that is subject to the Fair Debt Collection Practices Act, I will pay collection costs not to exceed 25 percent of the unpaid principal and accrued interest. Declaring these amounts immediately due and payable is at the option of the lender, which is not to be construed as a waiver of the lender's right to exercise the right of acceleration. If I default, the lender may declare this Note to HEAF and then be required to pay HEAF all amounts owed.

G. CREDIT BUREAU NOTIFICATION
1. Default on this loan: The lender or HEAF may report the default to credit bureaus and other agencies and adversely affect my credit rating. The lender must provide information on the name and status of the credit bureau or other organization upon the request. This information is not to be provided by the lender if it is prohibited by the laws of the state in which the lender is located.

H. LATE CHARGES
1. I am liable for late charges if I do not make any part of a scheduled payment within 10 days after it is due, unless I provide documentation that payment is being made. The payment delinquency charge is 1% of the unpaid principal balance and 5% of the amount of an installment due more than 90 days late.

I. GENERAL
I understand that the lender has applied for a guarantee of this loan through the Higher Education Assistance Foundation (HEAF) and hereby certifies that the loan is subject to the provisions of the Act, as amended, and regulations thereunder. The Act and the Rules and Regulations of HEAF, to the extent not prohibited by federal law, shall be governing by the laws of the jurisdiction in which the lender is located.

NOTICE TO BORROWER
1. DO NOT SIGN THIS PROMISSORY NOTE BEFORE YOU READ IT.
2. YOU ARE ENTITLED TO A COPY OF THIS PROMISSORY NOTE.
3. YOU MAY PREPAY THE UNPAID BALANCE AT ANY TIME WITHOUT PENALTY.
4. IF YOU HAVE ANY QUESTIONS OR WISH TO CANCEL THIS LOAN, DO NOT CASH THE LOAN CHECK(S) AND 2) CONTACT YOUR LENDER.

(b)(6) 7-8-87

LB. HV 45 6 12

LENDER COPY

Poor Source Original



## DEFERMENT OF REPAYMENT

BEST COPY  
AVAILABLE

I understand that in certain instances authorized by the ACT the payments that I am required to make under Section 8 may be deferred. Payments of principal on my loan will be deferred after the repayment period begins, because of circumstances listed below, provided I comply with the procedural requirements set forth in the regulations governing the Auxiliary Loan to Assist Students (ALAS).

- 1) While I am enrolled in one of the following:
- A. Full-time study at a school that is participating in the ALAS program. (However, only citizens or nationals may attend schools outside of the U.S.)
  - B. Full-time study at an institution of higher education or a vocational school that is operated by an agency of the Federal Government (e.g. the service academies);
  - C. A graduate fellowship program approved by the Secretary of Education; or
  - D. A rehabilitation training program for disabled individuals approved by the Secretary of Education.
- 2) For periods not exceeding 3 years for each of the following while I am —
- A. On active duty in the Armed Forces of the United States or serving as an officer in the Commissioned Corps of the United States Public Health Service;
  - B. Serving as a Peace Corps Volunteer;
  - C. Serving as a full-time volunteer under Title I of the Domestic Volunteer Service Act of 1973 (ACTION programs) (e.g. VISTA);
  - D. Serving as a full-time volunteer for an organization exempt from Federal income taxation under Section 501(c)(13) of the Internal Revenue Code of 1954, while performing service which is comparable to service performed in the Peace Corps or ACTION programs; or
  - E. Temporarily totally disabled, as established by an affidavit of a qualified physician, or unable to secure employment because I am providing care required by my spouse who is temporarily totally disabled, as established by an affidavit of a qualified physician.
3. For a period not exceeding 2 years while I am serving in an internship that is required for me to gain professional recognition required to begin professional practice or service.
4. For a single period not exceeding one year while I am conscientiously seeking but unable to find full-time employment in the United States.

To be granted a deferment, I must provide the lender with written evidence of my eligibility. I must subsequently notify the lender as soon as the condition for which the deferment was granted no longer exists.

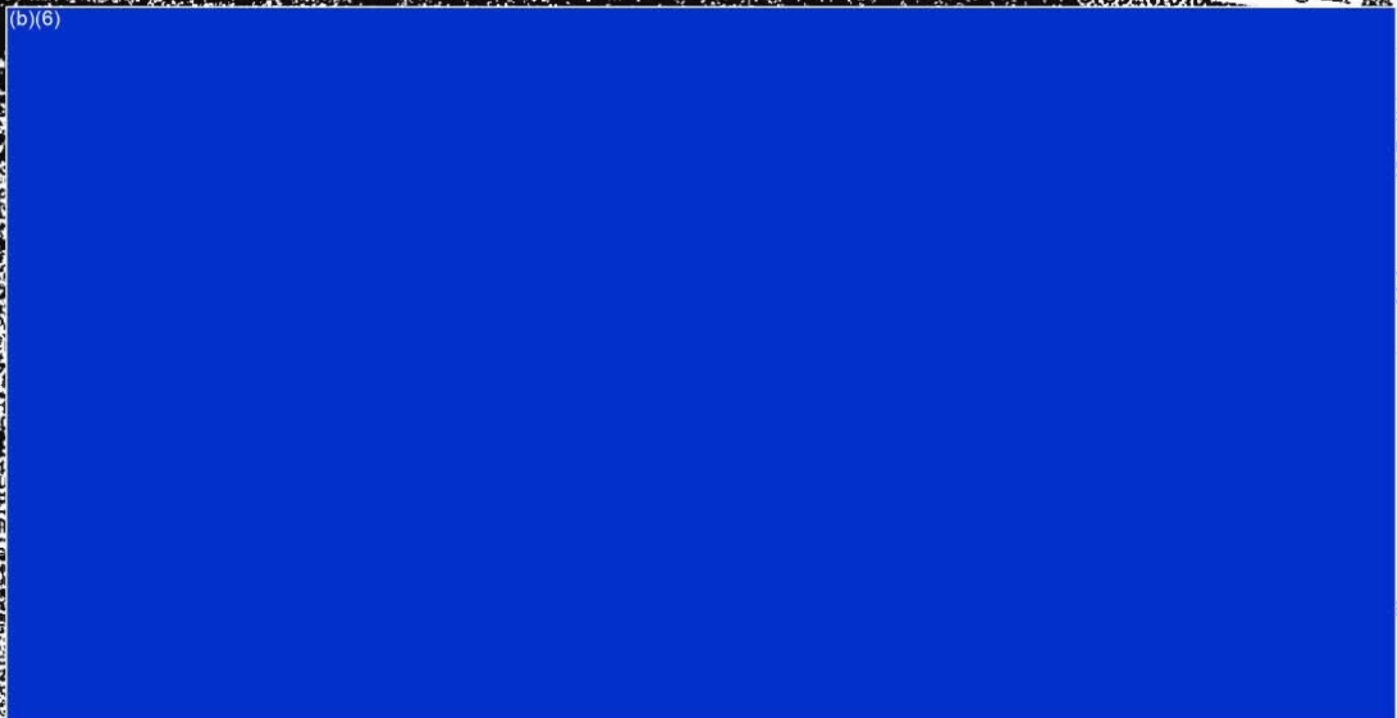
### REPAYMENT BY DEPARTMENT OF DEFENSE

Under certain circumstances, military personnel may have their loans repaid by the Secretary of Defense, in accordance with Section 902 of the Department of Defense Authorization Act, 1981 (P.L. 96-342, 10 U.S.C. 2141, note.)

Questions concerning the program should be addressed to the local Service recruiter. The program described is a recruiting program and does not pertain to prior service individuals or those not eligible for enlistment in the Armed Forces.

Poor Source Original

Poor Source Original  
STUDENT



STUDENT'S SIGNATURE: (b)(6)  
DATE SIGNED: 09/24/87

25. NAME OF SCHOOL: MAGNA INSTITUTE  
26. ADDRESS (STREET, CITY, STATE, ZIP): 384 394 BRIDGE STREET, BROOKLYN, NEW YORK 11201  
27. PHONE: (718) 797-3800  
28. FEDERAL SCHOOL CODE: 020671

30. PERIOD LOAN WILL COVER: 8/24/87 TO 10/19/88  
31. STUDENT'S GRADE LEVEL: GRAD. 10  
32. STUDENT STATUS:  DEPENDENT  
33. ANTICIPATED GRADUATION DATE: 01/19/88  
34. WILL THE BORROWER BE ENROLLED FULL-TIME DURING THE LOAN PERIOD?  YES  NO  
35. COST OF ATTENDANCE FOR LOAN PERIOD: \$14,585.00  
36. ESTIMATED FINANCIAL AID FOR LOAN PERIOD: \$0  
37. DIFFERENCE (ITEM 35 LESS ITEM 36) OR LEGAL MAXIMUM: \$14,585.00  
38. SUGGESTED DISBURSEMENT DATE: 10/1/87  
39. WILL THE STUDENT ATTEND A FOREIGN SCHOOL?  YES  NO

40. SIGNATURE OF SCHOOL OFFICIAL: Margaret Dalton  
41. DATE SIGNED: 09/24/87  
42. PRINT NAME AND TITLE: Margaret Dalton, FAO

SECTION C - TO BE COMPLETED BY LENDER  
43. NAME OF LENDER: First Independent Trust Company  
44. ADDRESS (STREET, BUILDING): P.O. Box 2562  
45. LENDER CODE: 830562  
46. BRANCH CODE: [blank]

47. CITY, STATE, ZIP: Sacramento, CA 95812  
48. (800) 34-FIRST  
49. TOTAL LOAN AMOUNT APPROVED: \$ .00  
50. DISBURSEMENT DATE: [blank]  
51. NUMBER OF MONTHLY INSTALLMENTS: [blank]  
52. DUE DATE OF FIRST PAYMENT: [blank]  
53. LENDER ACCOUNT NUMBER: [blank]  
54. LENDER USE ONLY: [blank]  
55a. SIGNATURE OF LENDING OFFICIAL: X  
55b. DATE SIGNED: [blank]  
55c. PRINT NAME AND TITLE: [blank]

SECTION D - TO BE COMPLETED BY HEAR  
56. HEAR USE ONLY: F40-61, 4-87, SLS-353  
57. PROMISSORY NOTE STATUS: [blank]  
58. CREDIT APPROVAL INDICATOR: [blank]





RESTRICTED COPY  
AT TIME OF FILMING

SLS PROMISSORY NOTE

A. PROMISE TO PAY

The Lender and Guarantor have read and agree to the terms (mentioned in the Promise to Pay on the front of this application/promissory note) for:  
1. Interest. For PLUS or SLS loan made for a period of enrollment beginning prior to July 1, 1997, the applicable interest rate is 12% per year. For loans made for periods of enrollment beginning on or after July 1, 1997, the interest will be determined in accordance with the Loan Aid 22 program. The interest rate will be determined annually and will be decreased by one percent for each year of my loan. The interest rate for any year will be the rate published for that year by the U.S. Department of Education for variable-rate PLUS and SLS loans.

2. Guarantee Fee

HEAF may charge a fee to guarantee my loan. The amount, if any, is governed by current law, applicable regulations and HEAF policy and Rules and Regulations. The Guarantee Fee will be deducted from my check. I understand that this charge is not subject to refund except for the amount attributable to any Disbursement I do not receive. What interest will be added to my loan balance if I am not repaid? (to be returned if I do not receive my loan) I understand that the actual guarantee fee charged is:

B. DISCLOSURE OF LOAN INFORMATION

I understand that before I receive my loan check, my lender will send me a loan disclosure statement that identifies all the terms of my loan.

C. GENERAL

I understand that the lender has applied for guaranty coverage of this loan through the Higher Education Assistance Foundation (HEAF) and because of this, the loan is subject to the terms of this Promissory Note will be interpreted in accordance with Title IV Part B of the Higher Education Act of 1965, as amended, (the Act), federal regulations adopted under the Act, and the Rules and Regulations of HEAF. To the extent not governed by federal law, this Note shall be governed by the laws of the jurisdiction in which the lender is located.

D. REPAYMENT

I understand I can defer principal payments while in school or immediately thereafter. These options are described below and my choice is indicated on the front of this application/promissory note.

Deferred Repayment. If I answer YES to #22, I wish to defer repayment of my loan for reasons explained under Deferral in the HEAF application information. The repayment period on this loan begins when the loan is disbursed or when I am no longer in school (whichever is later). However, during the period of deferral, I will continue to pay interest on the loan. I authorize the lender to establish repayment terms at my lender's option, and in accordance with the terms and conditions of statements:

- a. be paid by me in installments, or
  - b. accrual and be added to the principal amount of the loan (capitalized) no more than quarterly, in accordance with laws and regulations governing the PLUS and SLS loans.
- I will contact the lender prior to expiration of the period of deferral to hear of my lender's option. If I neglect to do so, I authorize the lender to establish repayment terms in accordance with the guidelines set forth in Paragraph 2 of this Section, without my further approval. My lender must inform me of the terms in writing at the latest address which I provide to the lender.

Immediate repayment. If I answer NO to #22, I agree to begin repaying my loan interest within 60 days of disbursement.

2. I will repay this loan within 10 years of the date of this Note, over a repayment period of at least 5 years but no more than 10 years. However, the following rules apply:  
a. The lender may require a repayment period shorter than 5 years if this is necessary to ensure that during each year of the repayment period I—or, if both my spouse and I, if equally for any deferral period described under Deferral in this Note, have sufficient income to pay the loan. If I am a recipient of a federal grant for "forfeiture", those periods will not be included in the 5- and 10-year period above.

3. The particular terms and conditions of repayment that apply to this loan will be the loan disclosure statement that the lender will provide to me.

4. My obligation to repay this loan shall be cancelled if I die or become totally and permanently disabled.

E. PREPAYMENT

At my option and without penalty, I may prepay at any time all or any part of the principal balance of this Note. In the event of prepayment, I will be entitled to any unearned interest which I have paid. The amount of any such rebate will be computed by the same method by which interest payments were computed.

F. DEFERMENT OF PAYMENT

In certain instances authorized by the Act, the payments I am required to make under Repayment in this Note may be deferred. The instances currently authorized by the Act are described under Deferral in the HEAF application information box. I agree to comply with the relevant federal regulations and Rules and Regulations of HEAF, including without limitation submission of required forms. I will remain responsible for payment of interest during any period of deferral. My lender may: (a) collect on a periodic basis, or (b) add to the principal balance of this loan.

G. FORBEARANCE

If I am unable to repay this loan in accordance with the terms established under this Note, I may request the lender to modify these terms. I understand that such modification would be at the lender's option and would have to be in compliance with applicable federal regulations adopted under the Act and the Rules and Regulations of HEAF. I understand that a modification of repayment terms under this Section is different from a forbearance of payment under the Act. I will remain responsible for payment of interest, which the lender may (a) collect from me on a periodic basis or (b) add to the principal balance of this loan.

H. DEFAULT

- 1. Default. I understand that I am in default of the Act, and HEAF Rules and Regulations, any of the following events is a default:
  - a. failing to make any installment payment when due, provided that the failure persists for 90 days for a loan receivable in monthly installments or 240 days for a loan receivable in less frequent installments;
  - b. making any false representation for the purpose of obtaining this loan;
  - c. using the loan proceeds for other than educational purposes;
  - d. failing to enroll in the school that completed the application for the time specified in my loan period;
  - e. not notifying the lender immediately if I (a) drop to less than a half-time student; (b) change my production date; (c) change my name; or (d) change my permanent address.

2. Consequences of default. If I default on this loan:  
a. The lender may declare the entire unpaid amount of the loan, including interest, immediately due and payable.

b. The lender, holder, or guaranty agency may disclose to schools I have attended (or am currently attending) information about the default.

c. I will be ineligible to receive assistance from all Title IV programs and any of the following federal programs: Pell Grant, Supplemental Educational Opportunity Grant, College Work-Study, State Student Incentive Grant, Perkins Loan (formerly called National Direct Student Loan), Guaranteed Student Loan (GSL), Supplemental Loan for Students (SLS), PLUS loans, or Consolidation Loans.

d. I will be responsible for the benefits described under Recovery and Default in this Note.

e. I will also pay all charges and fees, including attorney's fees, that are permitted by federal law and regulations for a collection agency that is hired to collect these amounts. Immediate action may be taken to enforce these amounts. I understand that the lender does not have to sue me to collect these amounts.

f. The lender may sue on this Note to HEAF. I will then be required to pay HEAF the amount owed.

I. LATE CHARGES

If permitted by law, the lender may collect from me a late charge if I fail to pay all or part of a required installment payment within 10 days after it is due or if I fail to provide written verification that verifies my inability to have the payment deferred as described under Deferral.

Poor Source Original  
I understand that the lender has applied for guaranty coverage of this loan through the Higher Education Assistance Foundation (HEAF) and because of this, the loan is subject to the terms of this Promissory Note will be interpreted in accordance with Title IV Part B of the Higher Education Act of 1965, as amended, (the Act), federal regulations adopted under the Act, and the Rules and Regulations of HEAF. To the extent not governed by federal law, this Note shall be governed by the laws of the jurisdiction in which the lender is located.

AFFIX TO BACK OF PROMISSORY NOTE

Pay to the order of Higher Education Assistance Foundation ("HEAF") without recourse, provided, however, notwithstanding this Indorsement without recourse, the undersigned hereby expressly:

- 1. Warrants that:
  - a) no defense of any party is good against the undersigned; and
  - b) the undersigned is not in default under the terms of that certain Lender Agreement for Guarantee of Student loans with Federal Reinsurance ("Lender Agreement") between it and HEAF, in accordance with which payment of the indebtedness evidenced by this instrument was guaranteed by HEAF.
- 2. Disclaims the implied warranty that it has no knowledge of any insolvency proceeding instituted with respect to the maker of this instrument and instead warrants that to the extent it has knowledge of any such proceeding it has disclosed the same to HEAF, but no other implied warranties are hereby disclaimed.
- 3. Acknowledges that:
  - a) upon payment in full by HEAF of the claim submitted by the undersigned pursuant to the aforesaid Lender Agreement, HEAF will have discharged all of its obligations to the undersigned arising out of said Lender Agreement; and
  - b) notwithstanding payment by HEAF of the undersigned's claim and acceptance by HEAF of transfer of this instrument in consideration thereof, HEAF has not waived any rights that it may have against the undersigned pursuant to the terms of the aforesaid Lender Agreement.

SIGNATURE	(b)(6)
TITLE	
DATE	JAN 10 1991





DISCHARGE APPLICATION TRACKING  
REFUND FORM

BORROWERS SSN:

(b)(6)

DEBT ID

BORROWERS NAME:

IF JOINT REFUND:

ADDRESS:



NON-TOP REFUND:

TOP REFUNDS EFFECTIVE YEAR/AMOUNT:


TOTAL REFUND AMOUNT: \$840.49

REFUND REASON:

REQUESTOR:

GUIDRY

DATE: 5/24/2011

APPROVING OFFICIAL \_\_\_\_\_

DATE \_\_\_\_\_

FILE COPY

Processed on  
7/17

Print

Close



December 7, 2010

(b)(6)

(b)(6)

DEBT ID  
(b)(6)

APPLICATION TYPE  
UNPAID TUITION REFUND APP  
UNPAID TUITION REFUND APP

SCHOOL NAME  
ROBERT FIANCE HAIR DESIGN INST  
ROBERT FIANCE HAIR DESIGN INST

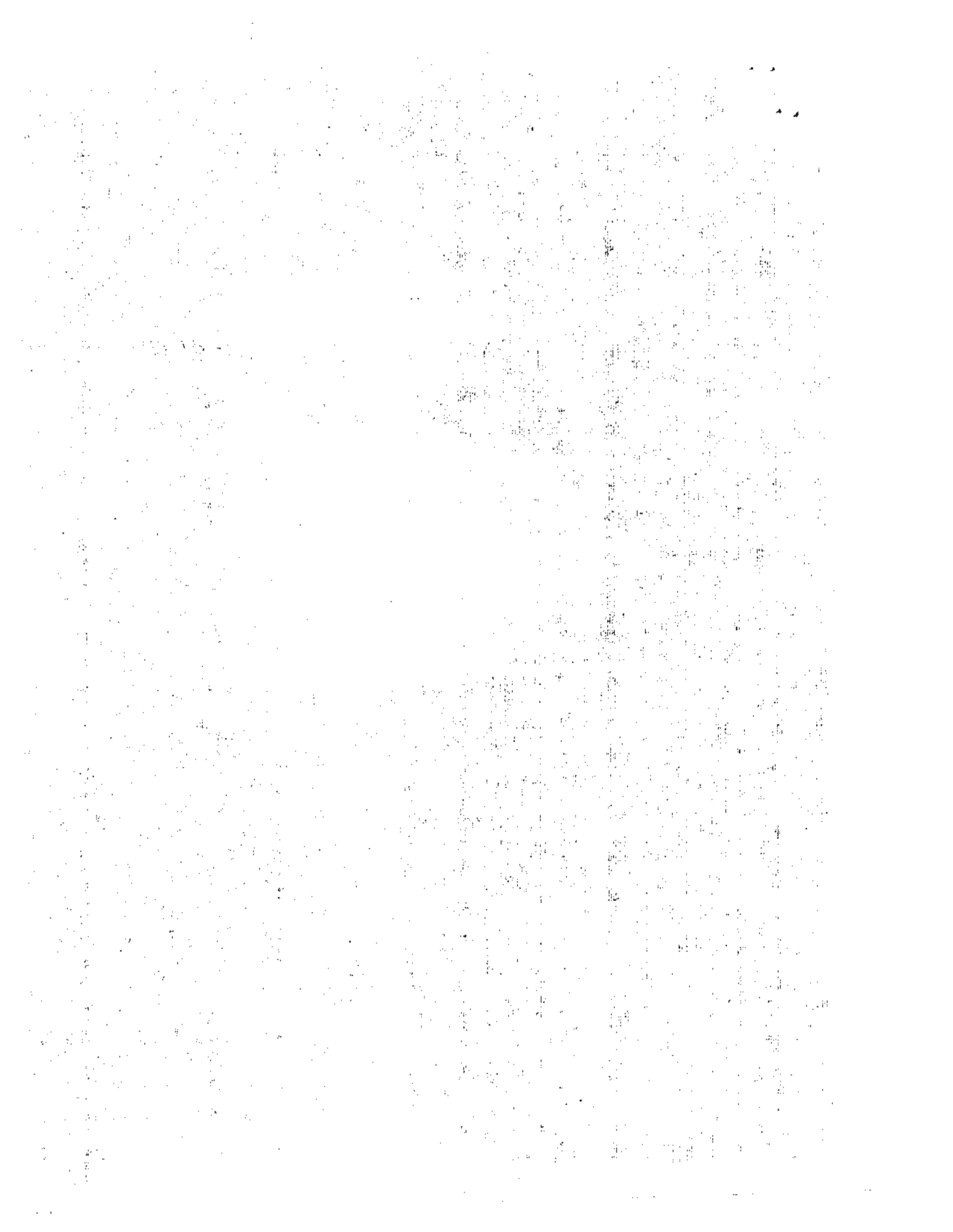
This letter acknowledges receipt of your completed application for student loan discharge. The U.S. Department of Education has determined that you qualify for discharge, or partial discharge, of your student loan(s), listed above. As a result of this determination:

- You will be relieved of the obligation to repay the loan;
- if you were in default on the discharged loan, you will no longer be regarded as in default on the loan and the past reporting of a default will not preclude you from receiving assistance under the Title IV, Higher Education Act Programs in the future; and
- The Department will report the discharge to all credit reporting agencies to which it reports loan information so that the adverse credit history assigned to the loan is deleted.

This discharge covers only the loan(s) held by the U.S. Department of Education, listed above. However, if ED later locates documentation to support your attendance at the referenced school, the account will be restored to the system and you will be required to repay the debt.

The Department has made no determination regarding loans which may be held by guaranty agencies, servicers, lenders, or educational institutions. If you believe that you may be eligible for discharge of other loans, you should contact the holder of those loans. If you have further questions, please call 1(800)-621-3115.

Sincerely,  
Operations Services Processing Group







# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 04/30/2011

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1087.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information:

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip Code (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other ( )  
E-mail (optional)

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions, definitions, and terms and conditions in Sections 5, 6 and 7 on this form. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1. Student Name (Last, First, MI): (b)(6)  
2. Student SSN (b)(6)  
3. School Name: Robert France Hair Design  
4. School Address (street, city, state, zip code): Don't know  
5. Is this school still open?  Yes  No  Don't Know  
6. If this school is closed, were you (or, for parent PLUS borrowers, was the student) attending the school when it closed?  Yes  No  
7. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school?  Yes  No  
8. Has this school or any third party (see the definition of "third party" in Section 6 on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered?  Yes  No  
9. Reason for discharge, refund or payment:  
10. From whom did you request or from whom did you receive the discharge, refund or payment? Include telephone number:  
11. Amount you received or that you expect to receive: \$

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete items 12 through 17. If you are unable to provide any of the requested information, write "Don't Know."

12. What amount do you believe the school owes you? \$ 3,000  
13. Why do you believe the school owes you this amount?  
I did not attend this school, the SSN promissory note is not mine!  
14. Your (or, for parent PLUS borrowers, the student's) first and last dates of attendance at the school:  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ OR  Never Attended  
15. Your (or, for parent PLUS borrowers, the student's) program of study at the school:  
16. Items 16 and 17 request information about the amount of the school's charges or the amount of the financial aid you received for the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if you received a loan for the winter and spring quarters, provide the total amount for both quarters. If the unpaid refund is for more than one loan and the loans were for different periods of enrollment, provide the amounts requested in item 16 or 17 for each period of enrollment separately, using a separate sheet of paper for your additional response(s).  
18. If your (or, for parent PLUS borrowers, the student's) last date of attendance was before October 7, 2008, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$  
17. If your (or, for parent PLUS borrowers, the student's) last date of attendance was on or after October 7, 2008, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$

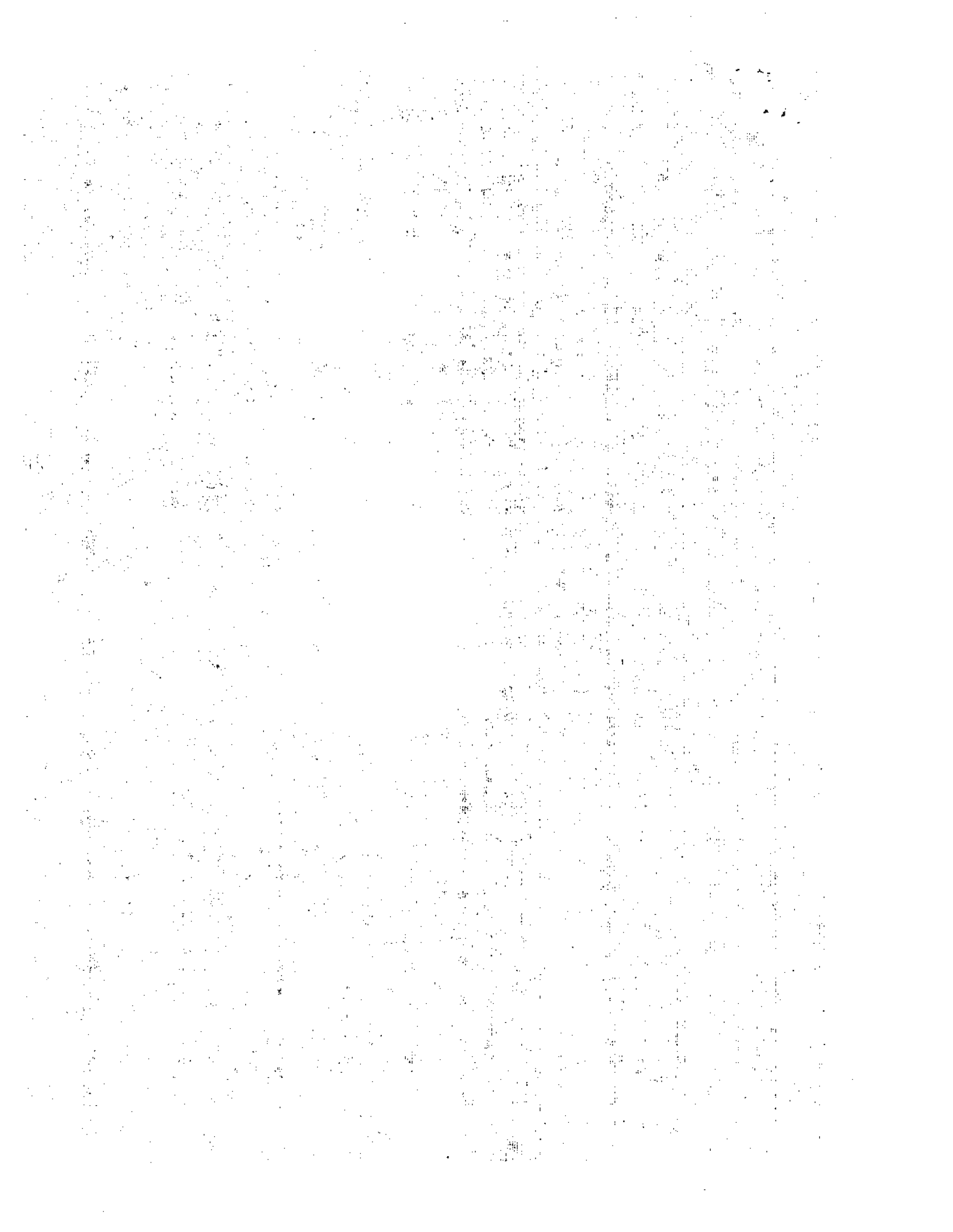
Attach a copy of any documentation that supports your responses to items 12 through 17. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that—  
I received each loan for which I am requesting a discharge on or after January 1, 1986. I received the loan funds directly, or they were applied as a credit to my (or, for parent PLUS borrowers, the student's) school account to pay the amount owed to the school.  
I (or, for parent PLUS borrowers, the student) did not attend the school or withdraw or was terminated from the school within the time frame that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, items 7 through 11, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.  
I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.  
Under penalty of perjury, all information provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

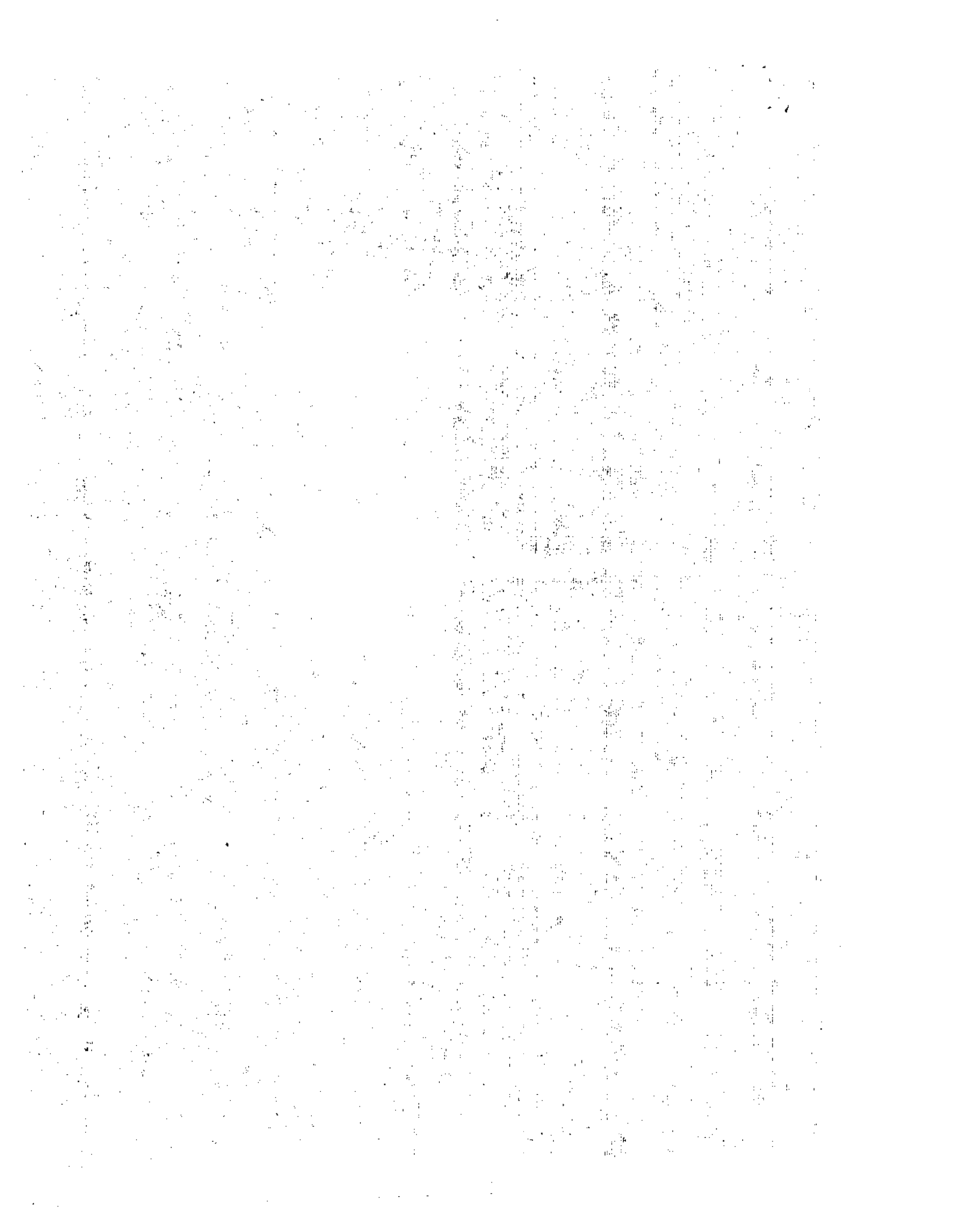
Borrower's Signature: (b)(6) Today's Date: 4/10/2010

met with parent











April 23, 2010

(b)(6)

DEBT ID	APPLICATION TYPE	SCHOOL NAME
(b)(6)	UNPAID TUITION REFUND APP	ROBERT FIANCE HAIR DESIGN INST
	UNPAID TUITION REFUND APP	ROBERT FIANCE HAIR DESIGN INST

This letter acknowledges receipt of your sworn statement requesting discharge of your student loan(s). After a thorough review of your application, the U.S. Department of Education (ED) has denied your request for discharge for the following reason(s):

You did not provide the dates that you attended the school. We are not able to determine that a tuition refund was owed without your statement indicating the dates that you attended the school, with any supporting documentation you may have.

This determination covers only the loan(s) held by the U.S. Department of Education, listed above. The Department has made no determination regarding loans held by guarantee agencies, servicers, lenders, or educational institutions. If you believe that you may be eligible for discharge of other loans, you should contact the holder of the loans.

You are responsible for paying any outstanding balance due on your loan(s). Please call 800-621-3115 to make arrangements for repayment of the loan(s).

Sincerely,

Operations Services Processing Division

FEDERAL STUDENT AID  START HERE. GO FURTHER.™



US Department of Education  
Federal Student Aid  
Loan Discharge Application  
Processing Group-Regional Office Room A633  
50 Beale Street  
San Francisco, CA 94105-1803

Re.: Loan Discharge

(b)(6)

April 10, 2010

To Whom It May Concern:

Please find enclosed a Loan Discharge Application: Unpaid Refund. Because the application does not give me the option I believe applies best to my situation, I feel obligated to write this explanation.

Over twenty years ago while exploring some career options; I came across a Cosmetologist School. I inquired within the school and met with a representative. At the time I did not speak English as I had been away in a foreign country for several years. My recollection of what went on is shady, but I do recall not being able to communicate well because they provided me with a Spanish-Speaking interpreter and I spoke Portuguese. I am certain I did not commit on attending that school, provided them with any legal form of documentation, nor pursued a career in Cosmetology. For clarification, I requested a copy of the "Promissory Note". Clearly the social security number is incorrect and no signature is present on the entire document, especially on the "Promissory Note" It seems as though they collected a signature on me somehow during that process, and used it to collect money on my behalf. I have been told that the alleged school was shut-down due to fraudulent charges.

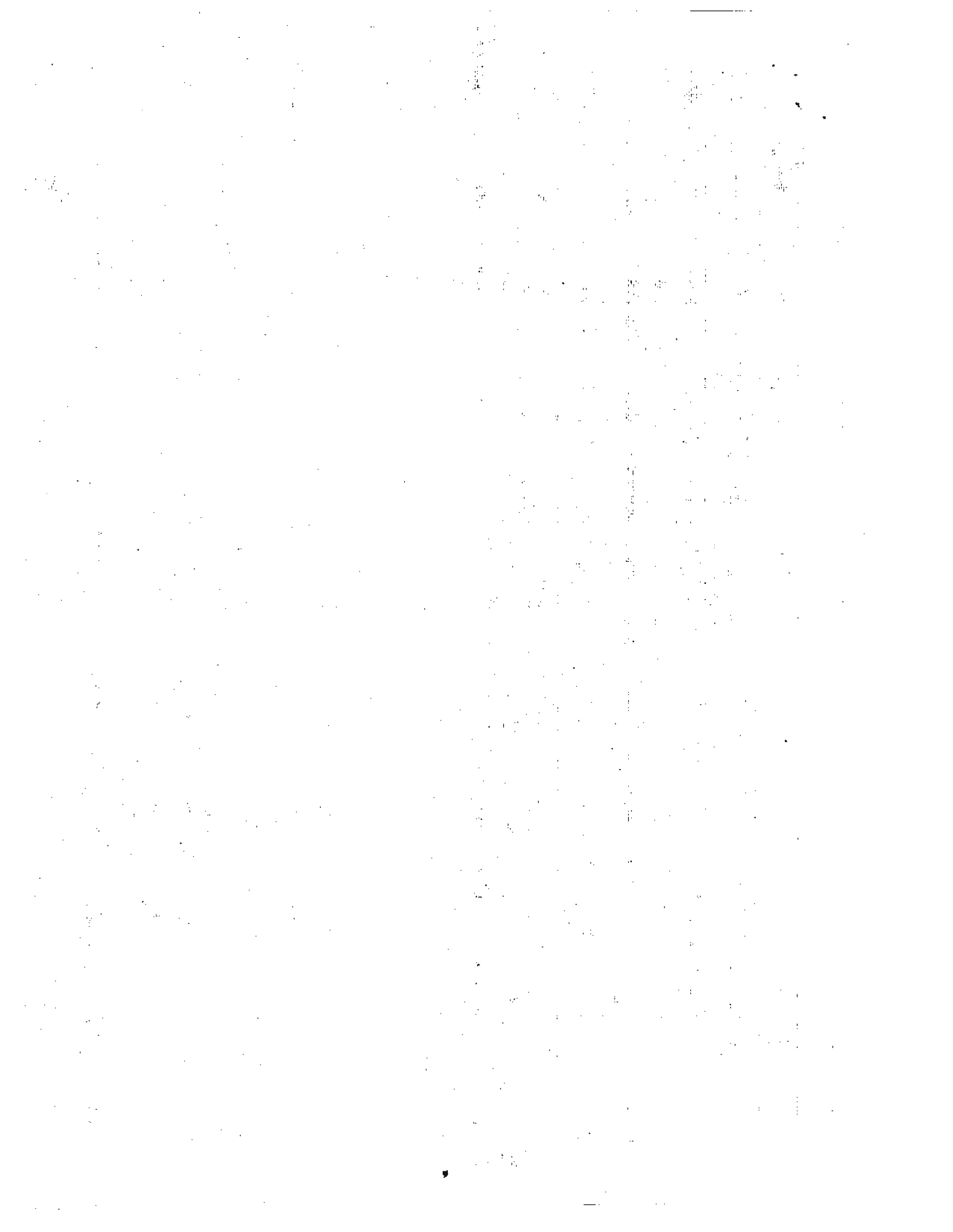
I am a responsible citizen and abide by my financial obligations. I currently pay on student loans which I have committed for the completion of a Bachelor of Science degree from Central Washington University. I take these obligations very seriously, as well as my credit ratings. Please dismiss the debt in question from my records.

Thanks for your time and consideration in this matter.

Sincerely yours

(b)(6)





**SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM**

Before you complete this application, you need to know the following:

- If the school is currently open, you should first contact the school and attempt to resolve the unpaid refund issue before applying for this type of discharge.
- If you (or, for parent PLUS borrowers, the student) are currently attending the school, you are not eligible for this type of discharge. You should contact the school about the refund that you believe you are owed.
- If you (or, for parent PLUS borrowers, the student) were enrolled when the school closed or withdrew from the school within 90 days before the school closed and you (or, for parent PLUS borrowers, the student) did not complete the program of study at another school, you may wish to apply for a closed school loan discharge rather than an unpaid refund discharge. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Use only numbers. Example: June 24, 2008 = 06-24-2008. If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

**SECTION 6: DEFINITIONS**

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of your loan that should have been refunded. Any accrued interest and other charges on the amount of the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. Your loan holder will report the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for parent PLUS borrowers, the student) were enrolled.
- The student (as in "or, for parent PLUS borrowers, the student") refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program or a holder of a performance bond.

**SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON UNPAID REFUND**

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amount discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

**SECTION 8: IMPORTANT NOTICES**

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq. and §451 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq. and 20 U.S.C. 1087a et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§4289(f) and 464(a)(4) of the HEA (20 U.S.C. 1078-20) and 10911(a)(4) and 31 U.S.C. 7701(b). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine use in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosures, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 4.8 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4537.

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 9).

**SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

Send the completed loan discharge application and any attachments to:

If you need help completing this form, call:

(If no address is shown, return to your loan holder.)







# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 04/30/2011

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information:

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip Code (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other (b)(6)  
E-mail (optional) (b)(6)

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions, definitions, and terms and conditions in Sections 5, 6 and 7 on this form. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1. Student Name (Last, First, MI): (b)(6)	2. Student SSN: (b)(6)
3. School Name: <b>ROBERT FIANCE</b>	4. School Address (street, city, state, zip code): <b>2435 GRAND CONCOURSE BRONX NEW YORK 1046</b>
5. Is this school still open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know	6. If this school is closed, were you (or, for parent PLUS borrowers, was the student) attending the school when it closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Has this school or any third party (see the definition of "third party" in Section 6 on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Reason for discharge, refund or payment:	
10. From whom did you request or from whom did you receive the discharge, refund or payment? Include telephone number:	
11. Amount you received or that you expect to receive: \$	

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete Items 12 through 17. If you are unable to provide any of the requested information, write "Don't Know."

12. What amount do you believe the school owes you? \$ **7,000**

13. Why do you believe the school owes you this amount? **ESTUVE EN LA ESCUELA SOLO 2 MESES 1/2 ME DI CUENTA QUE ESA ESCUELA ERA UN FRACASO Y ME SALI**

14. Your (or, for parent PLUS borrowers, the student's) first and last dates of attendance at the school:  
**01-14-1988 to 03-19-88** OR  Never Attended

15. Your (or, for parent PLUS borrowers, the student's) program of study at the school:

16. If your (or, for parent PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$

17. If your (or, for parent PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$

Attach a copy of any documentation that supports your responses to Items 12 through 17. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that -

- I received each loan for which I am requesting a discharge on or after January 1, 1986. I received the loan funds directly, or they were applied as a credit to my (or, for parent PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for parent PLUS borrowers, the student) did not attend the school or withdrew or was terminated from the school within the time frame that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, Items 7 through 11, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature: (b)(6)

Today's Date: **8-10-2010**

## SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Before you complete this application, you need to know the following:

- If the school is currently open, you should first contact the school and attempt to resolve the unpaid refund issue before applying for this type of discharge.
- If you (or, for parent PLUS borrowers, the student) are currently attending the school, you are not eligible for this type of discharge. You should contact the school about the refund that you believe you are owed.
- If you, (or, for parent PLUS borrowers, the student) were enrolled when the school closed or withdrew from the school within 90 days before the school closed and you (or, for parent PLUS borrowers, the student) did not complete the program of study at another school, you may wish to apply for a closed school loan discharge rather than an unpaid refund discharge. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Use only numbers. Example: June 24, 2006 = 06-24-2006. If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

## SECTION 6: DEFINITIONS

- The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- **Loan discharge** due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of your loan that should have been refunded. Any accrued interest and other charges on the amount of the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. Your loan holder will report the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- **Program of study** means the instructional program leading to a degree or certificate in which you (or, for parent PLUS borrowers, the student) were enrolled.
- The **student** (as in "or, for parent PLUS borrowers, the student") refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- **Third party** refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program or a holder of a performance bond.

## SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON UNPAID REFUND

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amount discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

## SECTION 8: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq. and §451 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq. and 20 U.S.C. 1087a et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§4288(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4537.

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 9).

## SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:

**U.S. Department of Education  
Federal Student Aid  
Loan Discharge Applications  
Processing Group Regional Office  
50 Beale Street, Room B633  
San Francisco, CA 94105-1813**

**1-800-621-3115**

( L117 )                      CLOSED SCHOOL TRACKING SCREEN                      ED9288                      12/13/10  
REGION: 09                      ACCT OWNER: ED039                      16:00:37

ACCT NO: (b)(6)                      SID: 007515                      FORM TYPE: 3                      SEQ NO: 01 FORM 1 OF 1

PACKAGE ACTIVITY:

PC : 12/13/10    FA : 12/13/10    :    :    :  
:    :    :    :    :

DEBT TRACKING:

ACT	STATUS	DEBT ID	LOAN TYPE	DISB AMT	DISB DTE	LENDER ID	GA CODE
-	APPROVED	(b)(6)	SLS	\$4,000.00	01/11/88	826626	KS620
-	APPROVED		STAF	\$1,313.00	01/08/88	826626	KS620

PROCESS PACKAGE Y/N: Y    TOTAL REFUND AMOUNT:    \$10,269.44    PAGE 1 OF 1  
REQUEST HAS BEEN PROCESSED  
PF03-EXIT 13-L101 14-L102 15-L106 16-L109 17-R103 18-R109 19-F180



(b)(6)



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 12/31/2007

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

L-117  
9/5/08

007515

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information:

SSN (b)(6)

Name (b)(6)

Address (b)(6)

City, State (b)(6)

Telephone - Home (b)(6)

Telephone - Other (b)(6)

E-mail (optional)

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with Item 3a. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1. Student's name (last, first, middle initials): (b)(6)

2. Student's SSN: (b)(6)

3a. School's name:

ROBERT FIANCO

3b. School's address (street, city, state, zip):

Fordham 188 Fordham Rd  
Bronx NY

4. Is this school still open?  Yes  No  Don't Know

5. If this school is closed, were you (or, for PLUS borrowers, was the student) attending the school when it closed?  Yes  No

6a. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school?  Yes  No

6b. Has this school or any third party (see the definition of "third party" in Section 6, on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered?  Yes  No

7. If your answers to Items 6a and 6b are "No," skip to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge, refund or payment, if known. Use a separate sheet of paper if you need to report more than one discharge, refund or payment.

7a. Reason for discharge, refund or payment:

7b. From whom did you request the discharge, refund or payment (include telephone number)?

7c. Amount you received or that you expect to receive: \$586 From my FEDERAL TAX REFUND

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete Items 8 through 13. If you are unable to provide any of the requested information, write "Don't Know."

8. What amount do you believe the school owes you? \$

9. Why do you believe the school owes you this amount? I NEVER RECEIVED ANY FINANCIAL AID FROM THIS SCHOOL AND MY FEDERAL TAX REFUND CHECK HAVE BEEN APPLIED TO IT.

10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school: [ ]-[ ]-[ ]-[ ] to [ ]-[ ]-[ ]-[ ] OR  Never Attended

11. Your (or, for PLUS borrowers, the student's) program of study at the school:

12. Items 12a and 12b request information about the amount of the school's charges or the amount of the financial aid you received for the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if you received a loan for the winter and spring quarters, provide the total amount for both quarters. If the unpaid refund is for more than one loan and the loans were for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).

12a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$

12b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$

13. Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that—

- I received each loan for which I am requesting a discharge on or after January 1, 1985. I received the loan funds directly, or they were applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or withdrew or was terminated from the school within the timeframe that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, Items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: \_\_\_\_\_

Date: 4/7/08

## SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Before you complete this application, you need to know the following:

- If the school is currently open, you should first contact the school and attempt to resolve the unpaid refund issue before applying for this type of discharge.
- If you (or, for PLUS borrowers, the student) are currently attending the school, you are not eligible for this type of discharge. You should contact the school about the refund that you believe you are owed.
- If you (or, for PLUS borrowers, the student) were enrolled when the school closed or withdrew from the school within 90 days before the school closed and you (or, for PLUS borrowers, the student) did not complete the program of study at another school, you may wish to apply for a closed school loan discharge rather than an unpaid refund discharge. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2005" = "07-01-2005"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

## SECTION 6: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of your loan that should have been refunded. Any accrued interest and other charges on the amount of the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. Your loan holder will report the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- The student (as in "or, for PLUS borrowers, the student") refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program or a holder of a performance bond.

## SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

## SECTION 8: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §428(b)(2)(A) of seq. and §451 of seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) of seq. and 20 U.S.C. 1087a of seq.) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to financial and educational institutions, to guaranty agencies, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651.

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 9).

## SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:

MAR 06 2008



# LOAN DISCHARGE APPLICATION SCHOOL CLOSURE *UNP*

(b)(6)

OMB No. 1845-0015  
Form Approved  
Exp. Date 08/31/2008

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program / Federal Perkins Loan Program

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information:

SSN: (b)(6)  
Name: (b)(6)  
Address: (b)(6)  
City, State, Zip: (b)(6)  
Telephone - Home: (b)(6)  
Telephone - Other: (b)(6)  
E-mail (optional):

## SECTION 2: STUDENT INFORMATION

Before completing this section, carefully read the entire form, including the instructions, definitions, and terms and conditions in Sections 4, 5, and 6 on this form. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

- Student's name (last, first, middle initial): \_\_\_\_\_
- Student's SSN: | | | - | | | - | | | |
- Closed school's name: Robert Fiance Hair Design Institute
- Date school closed (if known): 0121-11-191818
- Closed school's address (street, city, state, zip): Grand Concourse + Fordham Road Bronx, NY
- Dates of attendance at the closed school: From 1121-11-191818 To 0121-11-191818
- Name of the program of study that you (or, for PLUS borrowers, the student) were enrolled in at the time the school closed: Cosmetology
- Did you (or, for PLUS borrowers, the student) complete the program of study at the closed school?  Yes  No  
If No, check all reasons that apply:
  - The school closed while you (or, for PLUS borrowers, the student) were still enrolled.
  - You (or, for PLUS borrowers, the student) withdrew from the school on: | | | - | | | - | | | |
  - You (or, for PLUS borrowers, the student) were on an approved leave of absence when the school closed:  
From | | | - | | | - | | | | To | | | - | | | - | | | |
  - Other (please explain): I WAS NEVER TOLD SCHOOL WAS CLOSING DOWN BECAUSE OF BANKRUPTCY
- Did you (or, for PLUS borrowers, the student) complete or are you in the process of completing the program of study or a comparable program of study at another school?  Yes  No If Yes, complete item a) and b) below:
  - Did the other school give you (or, for PLUS borrowers, the student) credit for training received at the closed school by allowing transfer of credits or hours earned at the closed school, or by any other means?  Yes  No
  - Were you (or, for PLUS borrowers, the student) required to start the program of study over from the beginning at the other school?  Yes  No
- Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know  
If Yes, give the amount and explain why the money was refunded: Reported to school it was never open.
- Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know If Yes, please provide the following information:
  - Name/address/telephone number of the party with whom the claim was made or from whom payment was received: same address as above persons was on street in front of school asking you to pay for payment
  - Amount/status of claim: 100.00 every two weeks
  - Amount of payment received: \$ 120.00  
(Write "none" if no payment was received.)

## SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature: \_\_\_\_\_

Date: 2-14-08

#### SECTION 4: INSTRUCTIONS FOR COMPLETING THE APPLICATION

Type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "January 31, 2006" = "01-31-2006"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages.

Sign and date the form. Then, send the completed form and any attachments to the address in Section 8.

#### SECTION 5: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- The Federal Perkins Loan (Perkins Loan) Program includes Federal Perkins Loans and National Direct Student Loans (NDSL).
- The date a school closed is the date that the school stopped providing educational instruction in all programs, as determined by the U.S. Department of Education (the Department).
- The holder of a borrower's FFEL Program loan(s) may be a lender, a guaranty agency, or the Department. The holder of a borrower's Direct Loan Program loan(s) is the Department. The holder of a borrower's Perkins Loan Program loan(s) may be the Department or a school.
- Loan discharge due to school closure cancels the obligation of a borrower (and endorser, if applicable) to repay the remaining balance on a FFEL Program, Direct Loan Program, or Perkins Loan Program loan, and qualifies the borrower for reimbursement of any amounts paid voluntarily or through forced collection on the loan. For consolidation loans, only the amount of the underlying loans (the loans that were consolidated) that were used to pay for the program of study listed in Item 7 will be considered for discharge. The loan holder reports the discharge to all credit reporting agencies to which the holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Dates of attendance: The "to" date means the last date that you (or, for PLUS borrowers, the student) actually attended the closed school.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a tuition recovery program or performance bond.

#### SECTION 6: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON SCHOOL CLOSURE

- I received FFEL Program, Direct Loan Program, or Perkins Loan Program loan funds on or after January 1, 1986, to attend (or, if I am a PLUS borrower, for the student to attend) the school identified as "closed school" in Section 2 of this form. Those funds were either received by me directly, or applied as a credit to the amount owed to the school. I (or, if I am a PLUS borrower, the student) was enrolled at that school or on an approved leave of absence on the date that it closed, or withdrew from the school not more than 90 days before it closed (or longer if authorized by the Department). Due to the school's closure, I (or, if I am a PLUS borrower, the student) did not complete the program of study at that school. I (or, if I am a PLUS borrower, the student) did not complete and am not in the process of completing that program of study or a comparable program at another school by transferring credits or hours earned at the closed school to another school, or by any other means by which I (or, if I am a PLUS borrower, the student) benefited from the training provided by the closed school.
- I will provide, upon request, testimony, a sworn statement, or other documentation reasonably available to me that demonstrates to the satisfaction of the Department or its designee that I meet the qualifications for loan discharge based on school closure, or that supports any representation that I made on this form or on any accompanying documents.
- I agree to cooperate with the Department or its designee regarding any enforcement actions related to my request for loan discharge.
- I understand that my request for loan discharge may be denied, or my discharge may be revoked if I fail to provide testimony, a sworn statement, or documentation upon request, or if I provide testimony, a sworn statement, or documentation that does not support the material representations I have made, or if I (or, if I am a PLUS borrower, the student) completed or am in the process of completing the program of study or a comparable program at another school through transfer of credits or hours from the closed school or by any other means by which I (or, if I am a PLUS borrower, the student) benefited from the training provided by the closed school.
- I further understand that if my loan(s) are discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.
- I hereby assign and transfer to the Department any right to a refund on the discharged loan(s) that I may have from the school identified in Section 2 of this form and/or any owners, affiliates, or assigns of the school, and from any third party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).

#### SECTION 7: IMPORTANT NOTICES

Privacy Act Disclosure Notice: The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §428(b)(2)(A) et seq., §451 et seq., and §461 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) et seq., 20 U.S.C. 1087a et seq., and 20 U.S.C. 1087aa et seq.) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, or the Federal Perkins Loan (Perkins Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL, Direct Loan, and/or Perkins Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to financial and educational institutions, to guaranty agencies, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

Paperwork Reduction Notice: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0015. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this application, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have questions regarding the status of your individual submission of this application, contact your loan holder (see Section 8).

#### SECTION 8: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:





# LOAN DISCHARGE APPLICATION: SCHOOL CLOSURE

OMB No. 1845-0015  
Form Approved  
Exp. Date 09/31/2008

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program / Federal Perkins Loan Program

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

### SECTION 1: BORROWER IDENTIFICATION

(b)(6)

Please enter or correct the following information.

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other (b)(6)  
E-mail (optional)

007515

### SECTION 2: STUDENT INFORMATION

Before completing this section, carefully read the entire form, including the instructions, definitions, and terms and conditions in Sections 4, 5, and 6 on this form. If you are a student borrower applying for a PLUS loan discharge, begin with Item 1. If you are a PLUS borrower applying for a PLUS loan discharge, begin with Item 1.

- Student's name (last, first, middle initial): (b)(6)
- Student's SSN: (b)(6)
- Closed school's name:
- Date school closed (if known): 11-19-86
- Closed school's address (street, city, state, zip): 2435 Grand Concourse Bronx, New York 10456
- Dates of attendance at the closed school: From 11-19-86 to 11-19-86
- Name of the program of study that you (or, for PLUS borrowers, the student) were enrolled in at the time the school closed: Robert France Hair Design Institute
- Did you (or, for PLUS borrowers, the student) complete the program of study at the closed school?  Yes  No  
If No, check all reasons that apply:  
 The school closed while you (or, for PLUS borrowers, the student) were still enrolled.  
 You (or, for PLUS borrowers, the student) withdrew from the school on: \_\_\_\_\_  
 You (or, for PLUS borrowers, the student) were on an approved leave of absence when the school closed:  
From \_\_\_\_\_ To \_\_\_\_\_  
 Other (please explain): \_\_\_\_\_
- Did you (or, for PLUS borrowers, the student) complete or are you in the process of completing the program of study or a comparable program of study at another school?  
 Yes  No If Yes, complete Item a) and b) below:  
a) Did the other school give you (or, for PLUS borrowers, the student) credit for training received at the closed school by allowing transfer of credits or hours earned at the closed school, or by any other means?  Yes  No  
b) Were you (or, for PLUS borrowers, the student) required to start the program of study over from the beginning at the other school?  Yes  No
- Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know  
If Yes, give the amount and explain why the money was refunded: \_\_\_\_\_
- Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know If Yes, please provide the following information:  
(a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received: \_\_\_\_\_  
(b) Amount/status of claim: \_\_\_\_\_ (c) Amount of payment received: \$ \_\_\_\_\_  
(Write "none" if no payment was received.)

### SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, (b)(6) the information provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: (b)(6)

Date: 4/16/2008

#### SECTION 4: INSTRUCTIONS FOR COMPLETING THE APPLICATION

Type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "January 31, 2006" = "01-31-2006"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. Sign and date the form. Then, send the completed form and any attachments to the address in Section 8.

#### SECTION 5: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- The Federal Perkins Loan (Perkins Loan) Program includes Federal Perkins Loans and National Direct Student Loans (NDSL).
- The date a school closed is the date that the school stopped providing educational instruction in all programs, as determined by the U.S. Department of Education (the Department).
- The holder of a borrower's FFEL Program loan(s) may be a lender, a guaranty agency, or the Department. The holder of a borrower's Direct Loan Program loan(s) is the Department. The holder of a borrower's Perkins Loan Program loan(s) may be the Department or a school.
- Loan discharge due to school closure cancels the obligation of a borrower (and endorser, if applicable) to repay the remaining balance on a FFEL Program, Direct Loan Program, or Perkins Loan Program loan, and qualifies the borrower for reimbursement of any amounts paid voluntarily or through forced collection on the loan. For consolidation loans, only the amount of the underlying loans (the loans that were consolidated) that were used to pay for the program of study listed in Item 7 will be considered for discharge. The loan holder reports the discharge to all credit reporting agencies to which the holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Dates of attendance: The "to" date means the last date that you (or, for PLUS borrowers, the student) actually attended the closed school.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a tuition recovery program or performance bond.

#### SECTION 6: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON SCHOOL CLOSURE

- I received FFEL Program, Direct Loan Program, or Perkins Loan Program loan funds on or after January 1, 1986, to attend (or, if I am a PLUS borrower, for the student to attend) the school identified as "closed school" in Section 2 of this form. Those funds were either received by me directly, or applied as a credit to the amount owed to the school. I (or, if I am a PLUS borrower, the student) was enrolled at that school or on an approved leave of absence on the date that it closed, or withdrew from the school not more than 90 days before it closed (or longer if authorized by the Department). Due to the school's closure, I (or, if I am a PLUS borrower, the student) did not complete the program of study at that school. I (or, if I am a PLUS borrower, the student) did not complete and am not in the process of completing that program of study or a comparable program at another school by transferring credits or hours earned at the closed school to another school, or by any other means by which I (or, if I am a PLUS borrower, the student) benefited from the training provided by the closed school.
- I will provide, upon request, testimony, a sworn statement, or other documentation reasonably available to me that demonstrates to the satisfaction of the Department or its designee that I meet the qualifications for loan discharge based on school closure, or that supports any representation that I made on this form or on any accompanying documents.
- I agree to cooperate with the Department or its designee regarding any enforcement actions related to my request for loan discharge.
- I understand that my request for loan discharge may be denied, or my discharge may be revoked if I fail to provide testimony, a sworn statement, or documentation upon request, or if I provide testimony, a sworn statement, or documentation that does not support the material representations I have made, or if I (or, if I am a PLUS borrower, the student) completed or am in the process of completing the program of study or a comparable program at another school through transfer of credits or hours from the closed school or by any other means by which I (or, if I am a PLUS borrower, the student) benefited from the training provided by the closed school.
- I further understand that if my loan(s) are discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.
- I hereby assign and transfer to the Department any right to a refund on the discharged loan(s) that I may have from the school identified in Section 2 of this form and/or any owners, affiliates, or assigns of the school, and from any third party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).

#### SECTION 7: IMPORTANT NOTICES

**Privacy Act Disclosure Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you: The authorities for collecting the requested information from and about you are §428(b)(2)(A) et seq., §451 et seq., and §461 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) et seq., 20 U.S.C. 1087a et seq., and 20 U.S.C. 1067aa et seq.) and the authority for collecting and using your Social Security Number (SSN) is §464(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, or the Federal Perkins Loan (Perkins Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL, Direct Loan, and/or Perkins Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to financial and educational institutions, to guaranty agencies, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0015. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this application, please write to: U.S. Department of Education, Washington, DC 20202-4651.

If you have questions regarding the status of your individual submission of this application, contact your loan holder (see Section 8).

#### SECTION 8: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(if no address is shown, return to your loan holder.)

If you need help completing this form, call:

### Closed School Discharge Log-In Worksheet (GSL095)

SSN (b)(6) Name (b)(6) School Code 007515 Recommendation D77

Match Discharge Application Item 3 against the data base on the L109 screen. Write school code if Item 3 matches data base.

Item No.	Subject	Rejected	Denied (Deny Reason)	Approved	Comments
Disb. Date	Disb Date		Prior to 1/1/86 (79)	1/1/86 or later	
Item 3	School Name	Blank	Not Closed (82)	Closed list match	
Item 5	School Address	No match or Blank - research		Closed list match	
Item 6	Attendance dates		More than 90 days (77)	90 days or less	
Item 8	Completed Program	Blank	Yes (80)	No	
Item 8a	Enrolled When Closed	Blank	No: more than 90 days (77)	Yes or No (90 days or less)	
Item 8b	Voluntary Withdrawal		Yes: more than 90 days (77)	No or Yes or Blank (90 days or less)	
Item 8c	Leave of Absence	Yes with no info provided		No or Blank or Yes within time frame	Approve if dates allow
Item 9	Completed Program at another School	Blank	Yes (74) Disregard if #11 is No	No	
Item 10	Completion in Progress at another School		Yes (74) Disregard if #11 is No	No	
Item 11	Transfer Credits		Yes (74)	No	
Item 12	Start Program over from Beginning		No (74)	Yes	
Item 13	Bank/Lender Refund	Yes with no amt. included		No/Blank Don't Know	Yes - Subtract during refund
Item 14	Claim for Tuition	Blank or yes with no refund amt.		No/Don't Know	Yes - Subtract during refund
Signature	Blank			Present	





# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 12/31/2007

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information:

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other (b)(6)  
E-mail (optional)

007515

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with Item 3a. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1. Student's name (last, first, middle initial): (b)(6)	2. Student's SSN: (b)(6)
3a. School's name: Robert Fiance hair Design	3b. School's address (street, city, state, zip): 2435 Grand Concourse Bronx, NY 10456
4. Is this school still open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know	5. If this school is closed, were you (or, for PLUS borrowers, was the student) attending the school when it closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6a. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6b. Has this school or any third party (see the definition of "third party" in Section 6, on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If your answers to Items 6a and 6b are "No," skip to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge, refund or payment, if known. Use a separate sheet of paper if you need to report more than one discharge, refund or payment.	
7a. Reason for discharge, refund or payment: I'm paying every 2 week out my check	
7b. From whom did you request the discharge, refund or payment (include telephone number)? I'm paying out of my pay check and is no reason they should take it out of my taxes	
7c. Amount you received or that you expect to receive: \$ _____	

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete Items 8 through 13. If you are unable to provide any of the requested information, write "Don't Know."

8. What amount do you believe the school owes you? \$ _____
9. Why do you believe the school owes you this amount?
10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school: [ ]-[ ]-[ ]-[ ] to [ ]-[ ]-[ ]-[ ] OR <input checked="" type="checkbox"/> Never Attended
11. Your (or, for PLUS borrowers, the student's) program of study at the school:
12. Items 12a and 12b request information about the amount of the school's charges or the amount of the financial aid you received for the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if you received a loan for the winter and spring quarters, provide the total amount for both quarters. If the unpaid refund is for more than one loan and the loans were for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).
12a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$ _____
12b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$ _____
13. Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that—

- I received each loan for which I am requesting a discharge on or after January 1, 1986. I received the loan funds directly, or they were applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or withdrew or was terminated from the school within the timeframe that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, Items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature: X (b)(6) Date: 4-12-08



## SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Before you complete this application, you need to know the following:

- If the school is currently open, you should first contact the school and attempt to resolve the unpaid refund issue before applying for this type of discharge.
- If you (or, for PLUS borrowers, the student) are currently attending the school, you are not eligible for this type of discharge. You should contact the school about the refund that you believe you are owed.
- If you (or, for PLUS borrowers, the student) were enrolled when the school closed or withdrew from the school within 90 days before the school closed and you (or, for PLUS borrowers, the student) did not complete the program of study at another school, you may wish to apply for a closed school loan discharge rather than an unpaid refund discharge. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2005" = "07-01-2005"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

## SECTION 6: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of your loan that should have been refunded. Any accrued interest and other charges on the amount of the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. Your loan holder will report the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- The student (as in "or, for PLUS borrowers, the student") refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program or a holder of a performance bond.

## SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

## SECTION 8: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §428(b)(2)(A) of *et seq.* and §451 of *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) of *et seq.* and 20 U.S.C. 1637a of *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to financial and educational institutions, to guaranty agencies, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651.

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 9).

## SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:

(b)(6)

007515

CB



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No 1845-0058  
Form Approved  
Exp. Date 10/31/2004

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1087

## SECTION 1: BORROWER IDENTIFICATION

#007515  
Robert Fiance  
Hair Design  
Institute

Please enter or correct the following information. If you make a correction, check this:

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other (b)(6)  
E-mail (optional) (b)(6)

## SECTION 2: LOAN AND SCHOOL INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with item 1.

1. Student's name (first, last, middle initial) (b)(6)

2. Student's (b)(6)

3. Name of school (include city, state, zip) to which you believe owes you a refund:  
Robert Fiance (Beauty School)  
Grand Concourse Bx NY 10458

4. Is this school still open?  Yes  No  Don't know

5. If this school closed, were you (or, for PLUS borrowers, was the student) attending when it closed?  Yes  No

6. a. Do you have any other application for discharge, pending or approved, for a loan you obtained to attend this school?  Yes  No  
 b. Has your school or any third party (see definition of "third party" in Section 6, on the following page) made a payment for any loan for which you are requesting a discharge, or is any such payment being considered?  Yes  No

7. If your answers to items 6a and 6b are "No," proceed to Section 3. If your answer to item 6a or 6b is "Yes," provide the information requested in items 7a, 7b, and 7c for each discharge or payment. If known (use a separate sheet of paper if you need to report more than one discharge or payment).

a. Reason for discharge or payment: *Not responsible, they didn't do nothing for me at the time*  
 b. From whom (include telephone number) was the discharge or payment requested?  
 c. Amount received or anticipated: *\$1000*

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you agree with the amount, go on to Section 4. If you don't agree with the amount or you don't have this documentation, complete items 8 through 13. If you don't know the response to an item in this section, write "Don't know."

8. What amount do you believe the school owes you?  
*Don't know*

9. Why do you believe the school owes you this amount?  
*Harassment + Stolen Equipment + Personal Injuries*

10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school:  
10/9 - 11/19/81 to OR  Never Attended

11. Your (or, for PLUS borrowers, the student's) program of study at the school:  
*Family*

12. This item requests the total amounts related to the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if the loan was received for the winter and spring quarters, provide the total amount for both quarters.  
*Don't know*

a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges in the amount.  
*Don't know*

b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended.  
*Don't know*

\* If the unpaid refund is for more than one loan and the loans were intended for different periods of enrollment, provide the amounts requested in item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).

13. Attach a copy of any documentation that supports your responses to items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that --

- Each loan for which I am requesting a discharge was received by me, in whole or in part, on or after January 1, 1986. Those funds were either received by me directly or applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or, within the timeframe that would entitle me to a refund, withdrew or was terminated from the school. Except as identified in Section 2, items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions that apply to this unpaid refund discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my

(b)(6)

Date

02/26/02

**SECTION 6: INSTRUCTIONS FOR COMPLETING THE FORM**

Before you complete this application, you need to know that -

- If the school is currently open, you may not apply for this type of discharge unless you have first contacted the school and attempted to resolve the issue. If the issue is not resolved, you may then apply for this type of discharge.
- You may not apply for this type of discharge if you are currently attending the school. If you (or, for PLUS borrowers, the student) are still attending the school, you should contact the school about the refund.
- If your school closed while you were enrolled (or if you withdrew from the school within 60 days before the school closed) and you did not complete your program of study at another school, you may wish to apply for a loan discharge based on the school's closure rather than a discharge based on the unpaid refund. If you are unsure about which type of loan discharge is right appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2001" = "07-01-2001"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

**SECTION 6: DEFINITIONS**

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of the loan that should have been refunded. Any accrued interest and other charges associated with the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. The loan holder reports the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to the holder of a performance bond, a State or other agency offering a tuition recovery program, or any other entity that may reimburse you for a refund that you are owed.

**SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON UNPAID REFUND**

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

**SECTION 8: IMPORTANT NOTICES**

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are 420(b)(2)(A) of *et seq.* and 451 of *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) of *et seq.* and 20 U.S.C. 1087a of *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is 484(a)(4) of the HEA (20 U.S.C. 1081(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program and/or Direct Loan Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) becomes delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicators or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collector is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651

If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown below.

**SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

Return the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:  
(If no phone number is shown, call your loan holder.)



(b)(6)



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 10/31/2004

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

# 007515

Please enter or correct the following information. If you make a correction, check this box

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home ( )  
Telephone - Other ( )  
E-mail (optional)

## SECTION 2: LOAN AND SCHOOL INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with item 1.

1. Student's name (last, first, middle initial): (b)(6)	2. Student's (b)(6)
3. Name and address (street, city, state, zip) of the school that you believe owes you a refund: 806 W. Martin St. Palestine, Oh 44413	4. Is this school still open? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't Know
6. a. Do you have any other application for discharge, pending or approved, for a loan you obtained to attend this school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Has your school or any third party (see definition of "third party" in Section 6, on the following page) made a payment for any loan for which you are requesting a discharge, or is any such payment being considered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. If this school closed, were you (or, for PLUS borrowers, was the student) attending when it closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. If your answers to Items 6a and 6b are "No," proceed to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge or payment. If known (use a separate sheet of paper if you need to report more than one discharge or payment).	
a. Reason for discharge or payment: none - Don't know	b. From whom (include telephone number) was the discharge or payment requested? c. Amount received or anticipated: \$

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you agree with the amount, go on to Section 4. If you don't agree with the amount or you don't have this documentation, complete items 8 through 13. If you don't know the response to an item in this section, write "Don't Know."

8. What amount do you believe the school owes you? \$ 22	9. Why do you believe the school owes you this amount? I didn't go. But sign paper + pick up supplies
10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school: 04-11-1987 to 04-11-1987 OR <input checked="" type="checkbox"/> Never Attended	11. Your (or, for PLUS borrowers, the student's) program of study at the school
12. This item requests the total amounts related to the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if the loan was received for the winter and spring quarters, provide the total amount for both quarters. Don't Know	
a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges in the amount. \$	
b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$	
* If the unpaid refund is for more than one loan and the loans were intended for different periods of enrollment, provide the amounts requested in item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s). Don't Know	
13. Attach a copy of any documentation that supports your responses to items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal forms, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you. I Never Had anything	

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that -

- Each loan for which I am requesting a discharge was received by me, in whole or in part, on or after January 1, 1986. Those funds were either received by me directly or applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or, within the timeframe that would entitle me to a refund, withdrew or was terminated from the school. Except as identified in Section 2, items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions that apply to this unpaid refund discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

(b)(6) Borrower's Signature Page 1 of 2 Date 4-22-02

\$3,388.00  
R.



**SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM**

Before you complete this application, you need to know that -

- If the school is currently open, you may not apply for this type of discharge unless you have first contacted the school and attempted to resolve the issue. If the issue is not resolved, you may then apply for this type of discharge.
- You may not apply for this type of discharge if you are currently attending the school. If you (or, for PLUS borrowers, the student) are still attending the school, you should contact the school about the refund.
- If your school closed while you were enrolled (or if you withdrew from the school within 90 days before the school closed) and you did not complete your program of study at another school, you may wish to apply for a loan discharge based on the school's closure rather than a discharge based on the unpaid refund. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2001" = "07-01-2001"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

**SECTION 6: DEFINITIONS**

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of the loan that should have been refunded. Any accrued interest and other charges associated with the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. The loan holder reports the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to the holder of a performance bond, a State or other agency offering a tuition recovery program, or any other entity that may reimburse you for a refund that you are owed.

**SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON UNPAID REFUND**

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

**SECTION 8: IMPORTANT NOTICES**

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are 428(b)(2)(A) *et seq.* and 451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) *et seq.* and 20 U.S.C. 1087a *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program and/or Direct Loan Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) becomes delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651

If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown below.

**SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

Return the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:  
(If no phone number is shown, call your loan holder.)

(b)(6)



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 10/31/2004

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

# 099996  
Robert + France

Please enter or correct the following information. If you make a correction, check this  (b)(6)

SSN (b)(6)

Name (b)(6)

Address (b)(6)

City, State, Zip (b)(6)

Telephone - Home ( ) ( )

Telephone - Other ( ) ( )

E-mail (optional)

## SECTION 2: LOAN AND SCHOOL INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

- Student's name (last, first, middle) (b)(6)
- Student's (b)(6)
- Name and address (street, city, state, zip) of the school that you believe owes you a refund:
- Is this school still open?  Yes  No  Don't Know
- If this school closed, were you (or, for PLUS borrowers, was the student) attending when it closed?  Yes  No
- a. Do you have any other application for discharge, pending or approved, for a loan you obtained to attend this school?  Yes  No  
b. Has your school or any third party (see definition of "third party" in Section 6, on the following page) made a payment for any loan for which you are requesting a discharge, or is any such payment being considered?  Yes  No
- If your answers to Items 6a and 6b are "No," proceed to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge or payment, if known (use a separate sheet of paper if you need to report more than one discharge or payment).  
a. Reason for discharge or payment: b. From whom (include telephone number) was the discharge or payment requested? c. Amount received or anticipated: \$

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you agree with the amount, go on to Section 4. If you don't agree with the amount or you don't have this documentation, complete Items 8 through 13. If you don't know the response to an item in this section, write "Don't Know."

- What amount do you believe the school owes you? \$
- Why do you believe the school owes you this amount?  
*I did not attend the school / withdrew*
- Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school: - - to - - OR  Never Attended
- Your (or, for PLUS borrowers, the student's) program of study at the school
- This item requests the total amounts related to the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if the loan was received for the winter and spring quarters, provide the total amount for both quarters.  
a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges in the amount. \$ *7*  
b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$ *7*  
\* If the unpaid refund is for more than one loan and the loans were intended for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).
- Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that -

- Each loan for which I am requesting a discharge was received by me, in whole or in part, on or after January 1, 1986. Those funds were either received by me directly or applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or, within the timeframe that would entitle me to a refund, withdrew or was terminated from the school. Except as identified in Section 2, Items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions that apply to this unpaid refund discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature (b)(6)

Date 6/28/02

(b)(6)

(b)(6)

007515



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

DWS No. 1845-0058  
Form Approved  
Exp. Date 10/31/2004

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information. If you make a correction, check this box:

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home ( )  
Telephone - Other ( )  
E-mail (optional)

(b)(6)

NSLDS (2)

# 007515

## SECTION 2: LOAN AND SCHOOL INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with item 3. If you are a PLUS borrower applying for a PLUS loan discharge, begin with item 1.

1. (b)(6)	2. Student's (b)(6)
3. (b)(6)	4. Is this school <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know
5. If this school closed, were you (or, for PLUS borrowers, was the student) attending when it closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. a. Do you have any other application for discharge, pending or approved, for a loan you obtained to attend this school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b. Has your school or any third party (see definition of "third party" in Section 6, on the following page) made a payment for any loan for which you are requesting a discharge, or is any such payment being considered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If your answers to items 6a and 6b are "No," proceed to Section 3. If your answer to item 6a or 6b is "Yes," provide the information requested in items 7a, 7b, and 7c for each discharge or payment. If known (use a separate sheet of paper if you need to report more than one discharge or payment):	
a. Reason for discharge or payment?	b. From whom (include telephone number) was the discharge or payment requested?
c. Amount received or anticipated, \$	

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you agree with the amount, go on to Section 4. If you don't agree with the amount or you don't have this documentation, complete items 8 through 13. If you don't know the response to an item in this section, write "Don't Know."

8. What amount do you believe the school owes you? s Don't know	9. Why do you believe the school owes you this amount? Because I didn't finish the program when the school closed. I didn't have a school diploma or GED.
10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school. [ ] - [ ] to [ ] - [ ]	11. Your (or, for PLUS borrowers, the student's) program of study at the school. Beauty Course
12. This item requests the total amounts related to the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if the loan was received for the winter and spring quarters, provide the total amount for both quarters.	
a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges in the amount.	s Don't know
b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended.	s Don't know
- If the unpaid refund is for more than one loan and the loans were intended for different periods of enrollment, provide the amounts requested in item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).	
13. Attach a copy of any documentation that supports your responses to items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.	

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that -

- Each loan for which I am requesting a discharge was received by me, in whole or in part, on or after January 1, 1985. Those funds were either received by me directly or applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or, within the timeframe that would entitle me to a refund, withdrew or was terminated from the school. Except as identified in Section 2, items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions that apply to this unpaid refund discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge.

Signature (b)(6) Date 3/17/03

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7,987.97  
\$ 8,024.44 R.



**SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM**

Before you complete this application, you need to know that -

- If the school is currently open, you may not apply for this type of discharge unless you have first contacted the school and attempted to resolve the issue. If the issue is not resolved, you may then apply for this type of discharge.
- You may not apply for this type of discharge if you are currently attending the school. If you (or, for PLUS borrowers, the student) are still attending the school, you should contact the school about the refund.
- If your school closed while you were enrolled (or if you withdrew from the school within 60 days before the school closed) and you did not complete your program of study at another school, you may wish to apply for a loan discharge based on the school's closure rather than a discharge based on the unpaid refund. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2001" = "07-01-2001"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

**SECTION 6: DEFINITIONS**

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of the loan that should have been refunded. Any accrued interest and other charges associated with the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. The loan holder reports the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to the holder of a performance bond, a State or other agency offering a tuition recovery program, or any other entity that may reimburse you for a refund that you are owed.

**SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON UNPAID REFUND**

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

**SECTION 8: IMPORTANT NOTICES**

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are 420(b)(2)(A) *et seq.* and 451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1070(b)(2)(A) *et seq.* and 20 U.S.C. 1007a *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program and/or Direct Loan Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) becomes delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues, if provided for by a collective bargaining agreement. We may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0050. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651.

If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown below.

**SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

Return the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:  
(If no phone number is shown, call your loan holder.)



007515



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No. 1845-0054  
Form Approved  
Exp. Date 12/31/2004

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1067.

## SECTION 1: BORROWER IDENTIFICATION

# 007515  
Robert Fiance  
Hair Design @ NSLDS

Please enter or correct the following information. If you make a correction, check this  (b)(6)

SSN (b)(6)

Name (b)(6)

Address (b)(6)

City, State, Zip (b)(6)

Telephone - Home (b)(6)

Telephone - Other (b)(6)

E-mail (optional)

## SECTION 2: LOAN AND SCHOOL INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following pages. If you are a student borrower applying for loan discharge, begin with item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with item 1.

1. (b)(6), first, middle initial: \_\_\_\_\_

2. Student's SSN (b)(6)

3. Name and address (street, city, state, zip) of the school that you believe owes you a refund:  
1655 Starbuck Rd. ROBERT FIANCE

4. Is this school still open?  Yes  No  Don't Know

5. If this school closed, were you (or, for PLUS borrowers, was the student) attending when it closed?  Yes  No *I don't know.*

6. a. Do you have any other application for discharge, pending or approved, for a loan you obtained to attend this school?  Yes  No  
b. Has your school or any third party (see definition of "third party" in Section 6, on the following page) made a payment for any loan for which you are requesting a discharge, or is any such payment being considered?  Yes  No

7. If your answers to Items 6a and 6b are "No," proceed to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge or payment, if known (use a separate sheet of paper if you need to report more than one discharge or payment).

a. Reason for discharge or payment: *I left the school 2 days after I started.*  
b. From whom (include telephone number) was the discharge or payment requested? *NYC Tapes.*  
c. Amount received or anticipated: *\$ OVER 4,000.00*

①  
86

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you agree with the amount, go on to Section 4. If you don't agree with the amount or you don't have this documentation, complete items 8 through 13. If you don't know the response to an item in this section, write "Don't Know."

8. What amount do you believe the school owes you?  
*\$ 4,000 or more.*

9. Why do you believe the school owes you this amount?  
*I quit before time and I did not sign any checks sent to the bank*

10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school:  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ to \_\_\_\_ - \_\_\_\_ - \_\_\_\_ OR  Never Attended

11. Your (or, for PLUS borrowers, the student's) program of study at the school:  
*UNKNOWING*

12. This item requests the total amounts related to the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if the loan was received for the winter and spring quarters, provide the total amount for both quarters.

a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges in the amount. \$ *UNKNOWING*

b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$ *UNKNOWING*

\* If the unpaid refund is for more than one loan and the loans were intended for different periods of enrollment, provide the amounts requested in item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).

13. Attach a copy of any documentation that supports your responses to items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that -

- Each loan for which I am requesting a discharge was received by me, in whole or in part, on or after January 1, 1986. Those funds were either received by me directly or applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or, within the timeframe that would entitle me to a refund, withdrew or was terminated from the school. Except as identified in Section 2, items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions that apply to this unpaid refund discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature

(b)(6)

Date

7/6/02

1,090.00

R.

**SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM**

Before you complete this application, you need to know that -

- If the school is currently open, you may not apply for this type of discharge unless you have first contacted the school and attempted to resolve the issue. If the issue is not resolved, you may then apply for this type of discharge.
- You may not apply for this type of discharge if you are currently attending the school. If you (or, for PLUS borrowers, the student) are still attending the school, you should contact the school about the refund.
- If your school closed while you were enrolled (or if you withdrew from the school within 90 days before the school closed) and you did not complete your program of study at another school, you may wish to apply for a loan discharge based on the school's closure rather than a discharge based on the unpaid refund. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 2.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2001" = "07-01-2001"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 8.

**SECTION 6: DEFINITIONS**

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William G. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of the loan that should have been refunded. Any accrued interest and other charges associated with the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. The loan holder reports the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to the holder of a performance bond, a State or other agency offering a tuition recovery program, or any other entity that may reimburse you for a refund that you are owed.

**SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON UNPAID REFUND**

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

**SECTION 8: IMPORTANT NOTICES**

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are 428(b)(2)(A) of sec. and 461 of sec. of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) at sec. and 20 U.S.C. 1047a at sec.) and the authority for collecting and using your Social Security Number (SSN) is 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William G. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program and/or Direct Loan Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) becomes delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0068. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4861

If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown below.

**SECTION 8: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

Return the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:  
(If no phone number is shown, call your loan holder.)



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No 1845-0058  
Form Approved  
Exp Date 10/31/2004

**WARNING** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information. If you make a correction, check this box:

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other ( )  
E-mail (optional)

## SECTION 2: LOAN AND SCHOOL INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1 (b)(6) (Middle Initial)	2 Student's SSN (b)(6)
3. Name and address (street, city, state, zip) of the school that you believe owes you a refund <i>Robert France 2435 Grand Concourse Bronx NY</i>	4 Is this school still open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know
6 a. Do you have any other application for discharge, pending or approved, for a loan you obtained to attend this school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. If this school closed, were you (or, for PLUS borrowers, was the student) attending when it closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Has your school or any third party (see definition of "third party" in Section 6, on the following page) made a payment for any loan for which you are requesting a discharge, or is any such payment being considered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If your answers to Items 6a and 6b are "No," proceed to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge or payment, if known (use a separate sheet of paper if you need to report more than one discharge or payment).	
a. Reason for discharge or payment	b. From whom (include telephone number) was the discharge or payment requested?
	c. Amount received or anticipated. \$

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you agree with the amount, go on to Section 4. If you don't agree with the amount or you don't have this documentation, complete Items 8 through 13. If you don't know the response to an item in this section, write "Don't Know."

8. What amount do you believe the school owes you? \$ <i>5,795.00</i>	9. Why do you believe the school owes you this amount? <i>Withdrew before 2 weeks. This was the time allowed to withdraw with no penalties.</i>
10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school <i>10/2 - 10/3 - 11/9/88</i> to <i>10/3 - 11/5 - 11/9/88</i> OR <input type="checkbox"/> Never Attended	11. Your (or, for PLUS borrowers, the student's) program of study at the school <i>the DePaulian</i>
12. This item requests the total amounts related to the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if the loan was received for the winter and spring quarters, provide the total amount for both quarters.	
a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges in the amount * \$ <i>6,025.00</i>	
b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended * \$ <i>6,025.00</i>	
* If the unpaid refund is for more than one loan and the loans were intended for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).	
13. Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.	

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that --

- Each loan for which I am requesting a discharge was received by me, in whole or in part, on or after January 1, 1986. These funds were either received by me directly or applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or, within the timeframe that would entitle me to a refund, withdraw or was terminated from the school. Except as identified in Section 2, Items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions that apply to this unpaid refund discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature

(b)(6)

Page 1 of 2

Date

*7-5-09*



September 29, 2003

(b)(6)

Re: Unpaid Tuition Refund  
(b)(6)

Dear (b)(6)

This letter acknowledges receipt of your application for student loan discharge due to the school's failure to refund unused tuition to your loan account.

The U.S. Department of Education has determined that due to your early withdrawal from the school, you partially qualify for unpaid tuition refund discharge of your Federal Family Education Loan, which you obtained to attend ROBERT FIANCE HAIR DESIGN INSTITUTE. The loan period covered 3-10-88 to 12-10-88 and your withdrawal date was 6-1-88.

As a result of this determination:

- Your account has been credited with the unpaid tuition refund, which resulted in an overpayment of **\$6,377.40**;
- A check for that amount has been requested from the Treasury Department;
- Please allow 4-6 weeks for you to receive the check;
- Your account is now considered paid in full and will be closed when the refund posts;
- The Department will report the discharge to all reporting agencies to which it reports loan information so that the adverse credit history assigned to the loan will be deleted.

This discharge covers only the Federal Family Education Loan held by the U.S. Department of Education, listed above, which was obtained to attend ROBERT FIANCE HAIR DESIGN INSTITUTE. The Department has made no determination regarding loans, which may be held by guaranty agencies, servicers, lenders, or educational institutions. If you believe that you may be eligible for discharge of other loans, you should contact the holder of those loans.

If you have any questions regarding this matter, you may contact a Department representative by calling toll-free 1-800-621-3115.

Sincerely,

Zaldy A. Ralleta  
Loan Analyst



007515



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No. 1845-0056  
Form Approved  
Exp. Date 11/31/2004

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information. If you make a correction, check this box:   
SSN (b)(6) \_\_\_\_\_  
Name (b)(6) \_\_\_\_\_  
Address (b)(6) \_\_\_\_\_  
City, State, Zip (b)(6) \_\_\_\_\_  
Telephone - Home (b)(6) \_\_\_\_\_  
Telephone - Other (b)(6) \_\_\_\_\_  
E-mail (optional) \_\_\_\_\_

## SECTION 2: LOAN AND SCHOOL INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with item 1.

1. Student's name (last, first, middle initial):	2. Student's SSN:
3. Name and address (street, city, state, zip) of the school that you believe owes you a refund: <i>ROBERT FRANCE      LAURENCE ST BROOKLYN NY</i>	4. Is this school still open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know
5. If this school closed, were you (or, for PLUS borrowers, was the student) attending when it closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. a. Do you have any other application for discharge, pending or approved, for a loan you obtained to attend this school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Has your school or any third party (see definition of "third party" in Section 6, on the following page) made a payment for any loan for which you are requesting a discharge, or is any such payment being considered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. If your answers to items 6a and 6b are "No," proceed to Section 3. If your answer to item 6a or 6b is "Yes," provide the information requested in items 7a, 7b, and 7c for each discharge or payment, if known (use a separate sheet of paper if you need to report more than one discharge or payment).
a. Reason for discharge or payment:	b. From whom (include telephone number) was the discharge or payment requested?      c. Amount received or anticipated: \$ _____

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you agree with the amount, go on to Section 4. If you don't agree with the amount or you don't have this documentation, complete items 8 through 13. If you don't know the response to an item in this section, write "Don't Know."

8. What amount do you believe the school owes you? \$ <i>800 or 900</i>	9. Why do you believe the school owes you this amount? <i>I did not finish the course (I attended for 3 months)</i>
10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school: <i>10/11 - 11/9/88 to 10/31 - 11/9/88</i> OR <input type="checkbox"/> Never Attended	11. Your (or, for PLUS borrowers, the student's) program of study at the school: <i>COSMETOLOGY</i>
12. This item requests the total amounts related to the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if the loan was received for the winter and spring quarters, provide the total amount for both quarters. <i>600 or 800 for books, kit, and 3 month attendance</i>	
a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges in the amount. \$ _____	
b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$ _____	
* If the unpaid refund is for more than one loan and the loans were intended for different periods of enrollment, provide the amounts requested in item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).	
13. Attach a copy of any documentation that supports your responses to items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.	

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that -

- Each loan for which I am requesting a discharge was received by me, in whole or in part, on or after January 1, 1986. Those funds were either received by me directly or applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or, within the timeframe that would entitle me to a refund, withdraw or was terminated from the school. Except as identified in Section 2, items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions that apply to this unpaid refund discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature: \_\_\_\_\_ Date: *8-1-03*

**SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM**

Before you complete this application, you need to know that -

- If the school is currently open, you may not apply for this type of discharge unless you have first contacted the school and attempted to resolve the issue. If the issue is not resolved, you may then apply for this type of discharge.
- You may not apply for this type of discharge if you are currently attending the school. If you (or, for PLUS borrowers, the student) are still attending the school, you should contact the school about the refund.
- If your school closed while you were enrolled (or if you withdrew from the school within 90 days before the school closed) and you did not complete your program of study at another school, you may wish to apply for a loan discharge based on the school's closure rather than a discharge based on the unpaid refund. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2001" = "07-01-2001"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

**SECTION 6: DEFINITIONS**

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of the loan that should have been refunded. Any accrued interest and other charges associated with the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. The loan holder reports the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to the holder of a performance bond, a State or other agency offering a tuition recovery program, or any other entity that may reimburse you for a refund that you are owed.

**SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON UNPAID REFUND**

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

**SECTION 8: IMPORTANT NOTICES**

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are 428(b)(2)(A) *et seq.* and 451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) *et seq.* and 20 U.S.C. 1087a *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program and/or Direct Loan Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) becomes delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicators or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4851

If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown below.

**SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

Return the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:  
(If no phone number is shown, call your loan holder.)

July 22, 2003

To Whom It May Concern:

The intent of this note is to help clarify the events that took place during the aforementioned loan. It is my belief that careful consideration of this loan will help explain why this loan should be discharged.

Events:

- On 1/1988, I went to the Robert Fiance School to learn about a cosmetology course that they were offering.
- The school provided me with loan information, the amount of which I do not recall (it has been over 14 years). This loan amount covered the tuition, kit, and books.
- I attended the school for about three months (1/88 – 3/88). Towards the end of March 1988, I contacted the school to inform them that I would no longer be able to attend. I was informed that I would be charged for the kit and books as well as the months that I was in attendance. Although the total amount of these charges escapes me, I believe it was anywhere from \$500 to \$800.
- I never received any additional correspondence from the school until a couple of years later when the U.S. Dept. of Education billed me for approximately \$8,0000.
- Without researching this bill, I started to pay \$25 month, which over the period of time increased to \$50 and then \$100.
- After a couple of payments, due to financial hardships, I stopped paying this loan and this year, the proceeds of my tax returns were used to satisfy this loan.

I am unsure what to do since my research has led me to discover that the school is no longer in operation. Therefore, I have no one to talk to in an effort to discharge this loan amount. I don't mind paying for the time in which I attended the school, the books, and kit that I used, but there must be something I can do to avoid paying for a loan for that included services that I did not receive.

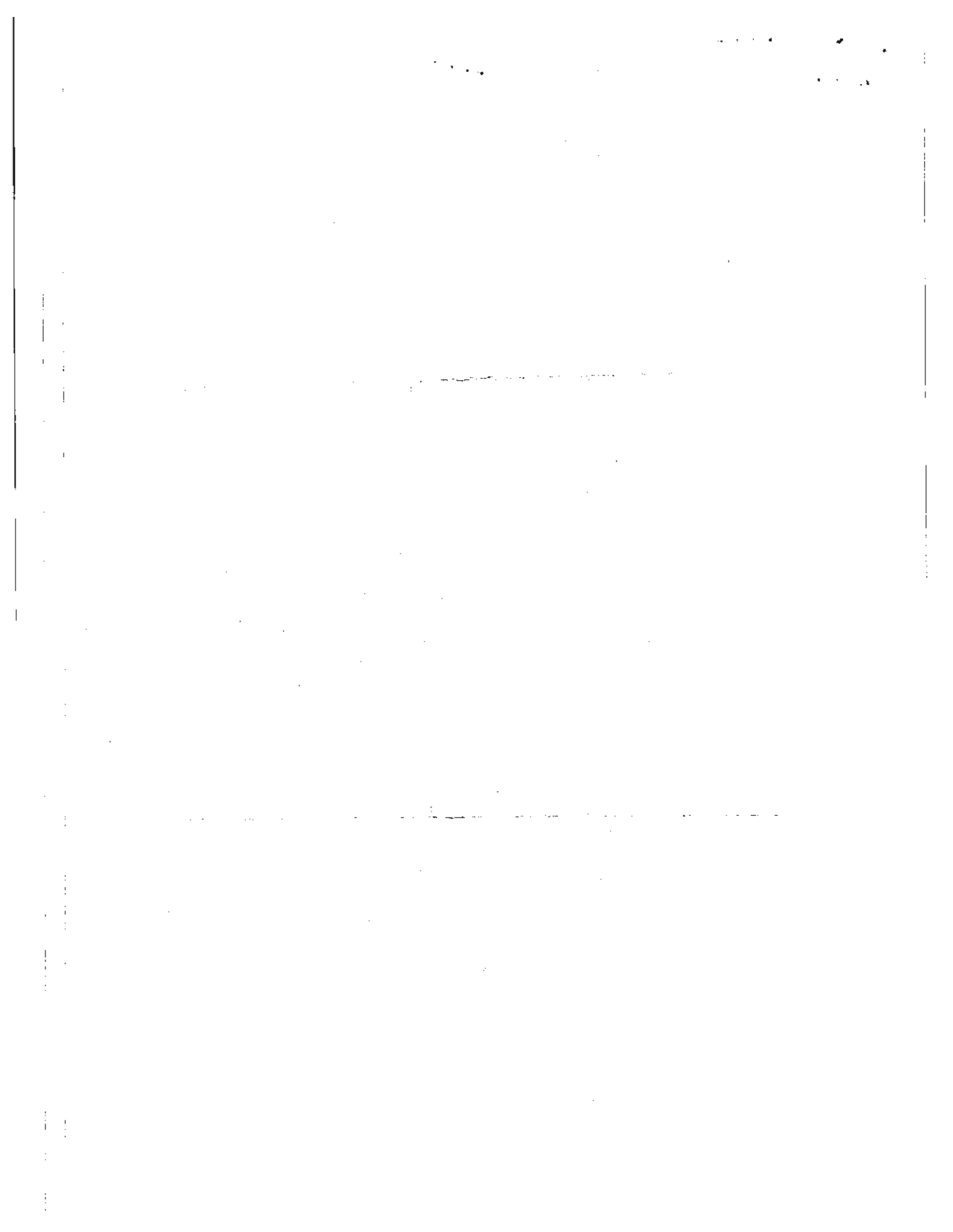
Please contact me at your earliest convenience to let me know what actions I can take.

Thank you.

Sincerely,

(b)(6)

A large blue rectangular redaction box covers the signature area. The text "(b)(6)" is printed in the top-left corner of the redacted area.







PG

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF POSTSECONDARY EDUCATION  
50 UNITED NATIONS PLAZA - REGION IX  
SAN FRANCISCO, CA 94102-4987

COPY

January 21, 2004

SAN FRANCISCO SERVICE CENTER

(b)(6)

Account No. (b)(6)  
Guaranteed Student Loan(s)  
Debt Number(s)  
(b)(6)

Balance: \$0.00

Dear (b)(6)

This letter acknowledges receipt of the evidence you provided to support the objection raised that the balance owed on this debt is incorrect because you were due a full or partial refund from the school or lender.

The U.S. Department of Education has determined that you qualify for a **full** or partial unpaid tuition refund discharge of your Federal Family Education Loan(s) which you obtained to attend **Robert Fiance Hair Design Institute, SID #007515**.

As a result of this determination:

- o you will be relieved of the obligation to repay the loan(s);
- o you will be refunded all moneys paid by you on the loan(s), which our records show to be \$4,486.86 refund is due, a check has been requested from the U.S. Treasury. **Please allow 4-6 weeks for delivery;**
- o you will no longer be regarded as in default on the loan(s) and the past reporting of a default will not preclude you from receiving assistance under the Title IV, Higher Education Act Programs in the future; and
- the Department will report the discharge to all credit reporting agencies to which it reports loan information so that the adverse credit history assigned to the loan(s) be deleted.

This covers only the Federal Family Educational Loan(s) held by the U.S. Department of Education, listed above, which was obtained to attend **the above listed school(s)**. The Department has made no determination regarding loans which may be held by guaranty agencies, servicers, lenders, or educational institutions. If you believe that you may be eligible for discharge of other loans, you should contact the holder of those loans.

Sincerely,  
  
James S. Farber  
Loan Analyst  
U. S. Department of Education

(b)(6)

802



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 11/31/2004

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1087.

## SECTION 1: BORROWER IDENTIFICATION

# 007515

Please print or correct the following information. If you make a correction, check this  (b)(6)

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other  
E-mail (optional)

## SECTION 2: LOAN AND SCHOOL INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with item 1.

1. Student's name (b)(6)	2. Student's (b)(6)
3. Name and address (street, city, state, zip) of the school that you believe owes you a refund: <u>Robert Fiance Beauty School Willowbrook, NY</u>	4. Is this school still open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know
5. a. Do you have any other application for discharge, pending or approved, for a loan you obtained to attend this school? <u>N/A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. If this school closed, were you (or, for PLUS borrowers, was the student) attending when it closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Has your school or any third party (see definition of "third party" in Section 6, on the following page) made a payment for any loan for which you are requesting a discharge, or is any such payment being considered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If your answers to items 5a and 5b are "No," proceed to Section 3. If your answer to item 5a or 5b is "Yes," provide the information requested in items 7a, 7b, and 7c for each discharge or payment, if known. Use a separate sheet of paper if you need to report more than one discharge or payment.	
a. Reason for discharge or payment:	b. From whom (include telephone number) was the discharge or payment requested? c. Amount received or anticipated: \$

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you agree with the amount, go on to Section 4. If you don't agree with the amount or you don't have this documentation, complete items 8 through 13. If you don't know the response to an item in this section, write "Don't Know."

8. What amount do you believe the school owes you? <u>Don't know</u>	9. Why do you believe the school owes you this amount? <u>I only attended 1 month</u>	10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school: <u>unknown exact dates records should show</u>	11. Your (or, for PLUS borrowers, the student's) program of study at the school: <u>Cosmetology</u>
12. This item requests the total amounts related to the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if the loan was received for the winter and spring quarters, provide the total amount for both quarters. <u>unknown</u>	12a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges in the amount. <u>Never received any money</u>		
12b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. <u>School was already closed</u>		13. Attach a copy of any documentation that supports your responses to items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.	

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that -

- Each loan for which I am requesting a discharge was received by me, in whole or in part, on or after January 1, 1986. These funds were either received by me directly or applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or, within the timeframe that would entitle me to a refund, withdraw or was terminated from the school. Except as identified in Section 2, items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions that apply in this unpaid refund discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, and in any accompanying documentation is true and accurate to the best of my knowledge:

Borrower's Sig: (b)(6) Date: 1/13/04

1 of 2

Date

1,320.45  
3,166.41  
# 4,486.86

TOTAL P. 02

R



# LOAN DISCHARGE APPLICATION: SCHOOL CLOSURE

OMB No. 1845-0015  
Form Approved  
Exp. Date 06/30/2006

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program / Federal Perkins Loan Program

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1087.

## SECTION 1: BORROWER IDENTIFICATION

Please provide the following information. If a response is checked, check this box:

SSN (b)(6)

Name (b)(6)

Address (b)(6)

City, State, Zip (b)(6)

Telephone - Home (b)(6)

Telephone - Other

E-mail address (optional)

## SECTION 2: STUDENT INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with item 3. If you are a parent borrower, begin with item 1.

- Student's name (last, first, middle initials): (b)(6)
- Student's SSN: (b)(6)
- Closed school's name: Robert France Beauty School Wilmington, Delaware & Jay St. Brooklyn, NY
- Date school closed (if known): \_\_\_\_\_
- Closed school's address (street, city, state, zip): Wilmington, Del., Lawrence & Jay St.
- Dates of attendance at the closed school: From \_\_\_\_\_ To \_\_\_\_\_ Approx. 1 yr.
- Name of the program of study that you (or, for PLUS borrowers, the student) were enrolled in at the time the school closed: Cosmetology
- Did you (or, for PLUS borrowers, the student) complete the program of study at the closed school?  Yes  No  
If No, check all reasons that apply:  
 The school closed while you (or, for PLUS borrowers, the student) were still enrolled.  
 You (or, for PLUS borrowers, the student) withdrew from the school on: \_\_\_\_\_ left after 1 month attendance  
 You (or, for PLUS borrowers, the student) were on an approved leave of absence when the school closed:  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Other (please explain): Withdrew from school after 1 month, I needed divorce.
- Did you (or, for PLUS borrowers, the student) complete the program of study or a comparable program of study at another school?  
 Yes  No If Yes, skip item 10 and answer items 11 and 12. If No, continue with item 10.
- Are you (or, for PLUS borrowers, the student) in the process of completing the program of study or a comparable program of study at another school?  
 Yes  No If Yes, answer items 11 and 12. If No, skip to item 13.
- Did the other school give you (or, for PLUS borrowers, the student) credit for training received at the closed school by allowing transfer of credits or hours earned at the closed school, or by any other means?  Yes  No
- Were you (or, for PLUS borrowers, the student) required to start the program of study over from the beginning at the other school?  
 Yes  No
- Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know  
If yes, give the amount and explain why the money was refunded: \_\_\_\_\_
- Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know If yes, please provide the following information: Not Me  
 (a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received: \_\_\_\_\_  
 (b) Amount/status of claim: \_\_\_\_\_  
 (c) Amount of payment received: \$ \_\_\_\_\_  
 (Write "none" if no payment was received.)

## SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: (b)(6)

Date: 1/13/04



007515



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 10/31/2004

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

SID: 007515

(b)(6)

Please enter or correct the following information. If you make a correction, check this box

SSN (b)(6)

(b)(6)

Name (b)(6)

Address (b)(6)

City, State, Zip (b)(6)

Telephone - Home

Telephone - Other

E-mail (optional)

## SECTION 2: LOAN AND SCHOOL INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with item 1.

1. Student's name (last, first, middle initial):

2. Student's (b)(6)

3. Name and address (street, city, state, zip) of the school that you believe owes you a refund:

Robert Feinace Beauty School  
Jerome Ave. Bronx, NY

4. Is this school still open?  Yes  No  Don't Know

5. If this school closed, were you (or, for PLUS borrowers, was the student) attending when it closed?  Yes  No

6. a. Do you have any other application for discharge, pending or approved, for a loan you obtained to attend this school?  Yes  No

b. Has your school or any third party (see definition of "third party" in Section 6, on the following page) made a payment for any loan for which you are requesting a discharge, or is any such payment being considered?  Yes  No

7. If your answers to items 6a and 6b are "No," proceed to Section 3. If your answer to item 6a or 6b is "Yes," provide the information requested in items 7a, 7b, and 7c for each discharge or payment, if known (use a separate sheet of paper if you need to report more than one discharge or payment).

a. Reason for discharge or payment: b. From whom (include telephone number) was the discharge or payment requested? c. Amount received or anticipated: \$

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you agree with the amount, go on to Section 4. If you don't agree with the amount or you don't have this documentation, complete items 8 through 13. If you don't know the response to an item in this section, write "Don't Know."

8. What amount do you believe the school owes you? \$

9. Why do you believe the school owes you this amount?

10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school: - - - to - - - OR  Never Attended

11. Your (or, for PLUS borrowers, the student's) program of study at the school: Cosmetology

12. This item requests the total amounts related to the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if the loan was received for the winter and spring quarters, provide the total amount for both quarters.

a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges in the amount. \$ Over 20 years ago I don't have any paperwork

b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$

\* If the unpaid refund is for more than one loan and the loans were intended for different periods of enrollment, provide the amounts requested in item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).

13. Attach a copy of any documentation that supports your responses to items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that -

- Each loan for which I am requesting a discharge was received by me, in whole or in part, on or after January 1, 1986. Those funds were either received by me directly or applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or, within the timeframe that would entitle me to a refund, withdrew or was terminated from the school. Except as identified in Section 2, items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions that apply to this unpaid refund discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature

Date

2-12-04



**SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM**

Before you complete this application, you need to know that -

- If the school is currently open, you may not apply for this type of discharge unless you have first contacted the school and attempted to resolve the issue. If the issue is not resolved, you may then apply for this type of discharge.
- You may not apply for this type of discharge if you are currently attending the school. If you (or, for PLUS borrowers, the student) are still attending the school, you should contact the school about the refund.
- If your school closed while you were enrolled (or if you withdrew from the school within 90 days before the school closed) and you did not complete your program of study at another school, you may wish to apply for a loan discharge based on the school's closure rather than a discharge based on the unpaid refund. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2001" = "07-01-2001"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

**SECTION 6: DEFINITIONS**

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of the loan that should have been refunded. Any accrued interest and other charges associated with the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. The loan holder reports the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to the holder of a performance bond, a State or other agency offering a tuition recovery program, or any other entity that may reimburse you for a refund that you are owed.

**SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON UNPAID REFUND**

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

**SECTION 8: IMPORTANT NOTICES**

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are 428(b)(2)(A) *et seq.* and 451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) *et seq.* and 20 U.S.C. 1087a *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program and/or Direct Loan Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) becomes delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651

If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown below.

**SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

Return the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:  
(If no phone number is shown, call your loan holder.)

007515



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No 1845-0058  
Form Approved  
Exp. Date 10/31/2004

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information. If you make a correction, check this box:

SSN (b)(6)

Name (b)(6)

Address (b)(6)

City, State, Zip (b)(6)

Telephone - Home ( ) (b)(6)

Telephone - Other ( ) (b)(6)

E-mail (optional) (b)(6)

## SECTION 2: LOAN AND SCHOOL INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1. Student's name (last, first, middle initial) (b)(6)	2. Student's (b)(6)
3. Name and address (street, city, state, zip) of the school that you believe owes you a refund. <u>360 Franklin Avenue Bldg 11238</u>	4. Is this school still open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know
5. If this school closed, were you (or, for PLUS borrowers, was the student) attending when it closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. a. Do you have any other application for discharge, pending or approved, for a loan you obtained to attend this school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Has your school or any third party (see definition of "third party" in Section 6, on the following page) made a payment for any loan for which you are requesting a discharge, or is any such payment being considered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. If your answers to Items 6a and 6b are "No," proceed to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge or payment. If known (use a separate sheet of paper if you need to report more than one discharge or payment):
a. Reason for discharge or payment: <u>All my refund was taken from my income tax</u>	b. From whom (include telephone number) was the discharge or payment requested? <u>Income Tax</u>
c. Amount repaid or anticipated: <u>3,363.00</u>	

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you agree with the amount, go on to Section 4. If you don't agree with the amount or you don't have this documentation, complete Items 8 through 13. If you don't know the response to an item in this section, write "Don't Know."

8. What amount do you believe the school owes you? <u>3,363.00</u>	9. Why do you believe the school owes you this amount? <u>My refund was 3,363.00 - the pos 2000 - left is 3630.00</u>
10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school: <u>10-01-1999</u> to <u>10-31-1999</u> <input checked="" type="checkbox"/> Never Attended	11. Your (or, for PLUS borrowers, the student's) program of study at the school: <u>None</u>
12. This item requests the total amounts related to the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if the loan was received for the winter and spring quarters, provide the total amount for both quarters.	
a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges in the amount. \$ <u>None</u>	
b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$ <u>None</u>	
If the unpaid refund is for more than one loan and the loans were intended for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).	
13. Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.	

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that -

- Each loan for which I am requesting a discharge was received by me, in whole or in part, on or after January 1, 1986. Those funds were either received by me directly or applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or, within the timeframe that would entitle me to a refund, withdrew or was terminated from the school. Except as identified in Section 2, Items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions that apply to this unpaid refund discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature: (b)(6) Date: April 6 2004

**SECTION 6: INSTRUCTIONS FOR COMPLETING THE FORM**

Before you complete this application, you need to know that -

- If the school is currently open, you may not apply for this type of discharge unless you have first contacted the school and attempted to resolve the issue. If the issue is not resolved, you may then apply for this type of discharge.
- You may not apply for this type of discharge if you are currently attending the school. If you (or, for PLUS borrowers, the student) are still attending the school, you should contact the school about the refund.
- If your school closed while you were enrolled (or if you withdrew from the school within 90 days before the school closed) and you did not complete your program of study at another school, you may wish to apply for a loan discharge based on the school's closure rather than a discharge based on the unpaid refund. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2001" = "07-01-2001"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

**SECTION 6: DEFINITIONS**

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharges due to an unpaid refund cancel your obligation (and any endorser's obligation) to repay the portion of the loan that should have been refunded. Any accrued interest and other charges associated with the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. The loan holder reports the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to the holder of a performance bond, a State or other agency offering a tuition recovery program, or any other entity that may reimburse you for a refund that you are owed.

**SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON UNPAID REFUND**

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

**SECTION 8: IMPORTANT NOTICES**

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are 428(b)(2)(A) of *et seq.* and 451 of *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) of *et seq.* and 20 U.S.C. 1067a of *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program and/or Direct Loan Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) becomes delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to U.S. Department of Education, Washington, DC 20202-4651.

If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown below.

**SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

Return the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:  
(If no phone number is shown, call your loan holder.)

No action required - UNP approved 5/14/04  
APR 5, 2004  
Jm  
5/20



# LOAN DISCHARGE APPLICATION: UNAUTHORIZED SIGNATURE/UNAUTHORIZED PAYMENT

OMB No. 1845-0015  
Form Approved  
Exp. Date 06/30/2005

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information. If a correction, check this box:

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other (b)(6)  
E-mail address (optional)

## SECTION 2: STUDENT INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

- Student's name (last, first, middle initial): (b)(6)
- Student's SSN: (b)(6)
- School's name: WILFRED SCHOLL - ROBERT FIANCE HAIR DESIGN INSTITUTE
- School's address (street, city, state, zip): 2450 GRAND CONCOURSE AVE: BRONX, N.Y. 10458
- Dates of attendance at the school: From: \_\_\_\_\_ To: \_\_\_\_\_  Did not attend
- Did you sign the application, promissory note, master promissory note (MPN), or combined application/promissory note for your loan(s)?  Yes  No  
If No, on which document(s) did someone else sign your name?  Application  Promissory note  MPN  Combined application/promissory note
- Did you endorse each loan check or sign your name on each electronic funds transfer authorization or master check authorization?  
 Yes  No  Does Not Apply  
If No, on which document(s) did someone else sign your name?  loan check  electronic funds transfer authorization  master check authorization  
If No, did you (or, for PLUS borrowers, the student) ever receive any money from the school, or did the school ever reduce the amount of money that you (or, for PLUS borrowers, the student) owed to the school?  Yes  No  Don't Know If Yes, explain (give dates, amounts, and circumstances):  
I DID SIGN APPLICATION, BUT 2 DAYS AGO I WENT TO CANCELLED AND THEY TOLD ME, OK.  
If No or Don't Know, explain how you (or, for PLUS borrowers, the student) paid the tuition and fees owed to the school:  
I DON'T KNOW BECAUSE THE SECRETARY SAID THAT I DON'T HAVE TO DO ANYTHING ELSE

School employee or representative (name and position): \_\_\_\_\_  
Other person (name): \_\_\_\_\_  
Provide any other information about the circumstances under which another person signed your name:  
no

**IMPORTANT:** If you did not sign your name on one of the documents listed in Item 6 or Item 7, you must attach documents containing four other samples of your signature in addition to the signature on this application. At least two of these samples must clearly show that your signatures were written within one year before or after the date of the document on which someone else signed your name. Examples of documents that would include both a signature sample and the date that the signature was written include—but are not limited to—cancelled checks, tax returns, and driver's licenses. If you do not provide these signature samples, you cannot be considered for a loan discharge.

- Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know  
If Yes, give the amount and explain why the money was refunded: \_\_\_\_\_
- Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know If yes, please provide the following information:  
(a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received:  
N/A  
(b) Amount/status of claim: N/A (c) Amount of payment received: \$ N/A  
(Write "none" if no payment was received.)

## SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have furnished on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature: \_\_\_\_\_ Date: 03-29-2004



#### SECTION 4: INSTRUCTIONS FOR COMPLETING THE FORM

Type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "January 31, 2002" = "01-31-2002"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages.

Send the completed form and any attachments to the address in Section 8.

#### SECTION 5: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- The holder of a borrower's FFEL Program loan(s) may be a lender, a guaranty agency, or the U.S. Department of Education (the Department). The holder of a borrower's Direct Loan Program loan(s) is the Department.
- Unauthorized signature means that the school, without the borrower's authorization, signed the borrower's name on a loan application or promissory note.
- Unauthorized payment means that the school, without the borrower's authorization, endorsed the borrower's loan check or signed the borrower's authorization for electronic funds transfer or master check, and did not give the loan proceeds to the borrower or apply the loan proceeds to charges owed by the student to the school.
- Loan discharge due to an unauthorized signature on a loan application or promissory note cancels the obligation of a borrower (and endorser, if applicable) to repay the remaining balance on a FFEL Program or Direct Loan Program loan, and qualifies the borrower for reimbursement of any amounts paid voluntarily or through forced collection on the loan. Discharge due to an unauthorized signature on a loan check, electronic funds transfer authorization, or master check authorization applies only to the amount of the unauthorized payment. For consolidation loans, only the loan amounts associated with the document listed in Section 2, Item 6 or Item 7, will be considered for discharge. The loan holder reports the discharge to all credit reporting agencies to which the holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a tuition recovery program or performance bond.

#### SECTION 6: TERMS AND CONDITIONS FOR LOAN DISCHARGE

- The school identified in Section 2 of this form received FFEL Program or Direct Loan Program loan funds on or after January 1, 1986, for me to attend (or, if I am a PLUS borrower, for the student to attend) the school. I am applying for a discharge of my FFEL Program or Direct Loan Program loan(s) because the loan application, promissory note, master promissory note, combined application/promissory note, loan disbursement check, electronic funds transfer authorization, or master check authorization were not authorized for the reasons stated in this application.
- I will provide, upon request, testimony, a sworn statement, or other documentation reasonably available to me that demonstrates to the satisfaction of the Department or its designee that I meet the qualifications for loan discharge based on unauthorized signature/unauthorized payment, or that supports any representation that I made on this form or on any accompanying documents.
- I agree to cooperate with the Department or its designee regarding any enforcement actions related to my request for loan discharge.
- I understand that my request for loan discharge may be denied, or my discharge may be revoked, if I fail to provide testimony, a sworn statement, or documentation upon request, or if I provide testimony, a sworn statement, or documentation that does not support the material representations I have made on this form or on any accompanying documents.
- I further understand that if my loan(s) is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.
- I hereby assign and transfer to the Department any right to a refund on the discharged loan(s) that I may have from the school identified in Section 2 of this form and/or any owners, affiliates, or assigns of the school, and from any third party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).

#### SECTION 7: IMPORTANT NOTICES

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §428(b)(2)(A) *et seq.* and §451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(a) *et seq.* and 20 U.S.C. 1087a *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

Paperwork Reduction Notice: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0015. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651.

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 8).

#### SECTION 8: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:



**FSA**  
FEDERAL  
STUDENT AID

*We Help Put America Through School*

March 19, 2004

(b)(6)

Debt No.: (b)(6)  
Account No.: (b)(6)

Dear (b)(6)

Thank you for your recent correspondence concerning your student loan account with the U.S. Department of Education (ED).

You state that you did not receive the loan that ED holds in your name. Our records indicate that in 1988, you received a loan made under the Federal Family Education Loan Program in the amount of \$4,000.00 to attend Robert Fiance Hair Design Institute. The loan was later declared in default, and the Higher Education Assistance Foundation (HEAF), the guaranty agency, paid an insurance claim to the lender. HEAF subsequently assigned the account to ED. The loan entered our database on May 21, 1993.

Federal regulations 34 C.F.R. 682.402(e) provide the authority for discharging a borrower's loan if the school used his or her signature without authorization on a loan application, promissory note, loan disbursement check, or electronic funds transfer.

A borrower is not eligible for loan discharge if it is determined that he or she materially benefited from the proceeds of the loan. A borrower is considered to have materially benefited from the proceeds of a loan if he or she attended the school for the period of the loan and incurred a tuition liability that was paid in whole or in part by the loan proceeds.

If you believe you qualify for loan discharge because of a forged signature, you must submit the enclosed "Loan Discharge Application: Unauthorized Signature/Unauthorized Payment." The application includes instructions for its completion.



The page contains extremely faint and illegible text, likely bleed-through from the reverse side of the paper. The text is scattered across the page and is not readable.

007515



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 10/31/2004

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1087.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information. If you make a correction, check this box

SSN (b)(6)

Name (b)(6)

Address (b)(6)

City, State, Zip (b)(6)

Telephone - Home (b)(6)

Telephone - Other (b)(6)

E-mail (optional)

## SECTION 2: LOAN AND SCHOOL INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1. Student's (b)(6)	2. Student's (b)(6)
3. Name and address (street, city, state, zip) of the school that you believe owes you a refund: <b>Robert Fiance, 2435 Grand Concourse, Bronx, NY 10468</b>	4. Is this school still open? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know
5. a. Do you have any other application for discharge, pending or approved, for a loan you obtained to attend this school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. If this school closed, were you (or, for PLUS borrowers, was the student) attending when it closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Has your school or any third party (see definition of "third party" in Section 6, on the following page) made a payment for any loan for which you are requesting a discharge, or is any such payment being considered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If your answers to Items 5a and 5b are "No," proceed to Section 3. If your answer to Item 5a or 5b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge or payment, if known (use a separate sheet of paper if you need to report more than one discharge or payment).	
a. Reason for discharge or payment	b. From whom (include telephone number) was the discharge or payment requested?
	c. Amount received or anticipated \$

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you agree with the amount, go on to Section 4. If you don't agree with the amount or you don't have this documentation, complete Items 8 through 13. If you don't know the response to an item in this section, write "Don't Know."

8. What amount do you believe the school owes you? \$ <b>13,190</b>	9. Why do you believe the school owes you this amount? <b>I signed up for a school, attended 1 week, dismissed and now the school is charging me the total amount</b>
10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school: <b>01-11-1988 to 01-11-1988</b> OR <input type="checkbox"/> Never Attended	11. Your (or, for PLUS borrowers, the student's) program of study at the school: <b>Cosmetology</b>
12. This item requests the total amounts related to the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if the loan was received for the winter and spring quarters, provide the total amount for both quarters.	
a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges in the amount. \$ <b>13,190</b>	
b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$	
* If the unpaid refund is for more than one loan and the loans were intended for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).	
13. Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.	

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that -

- Each loan for which I am requesting a discharge was received by me, in whole or in part, on or after January 1, 1985. Those funds were either received by me directly or applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or, within the timeframe that would entitle me to a refund, withdrew or was terminated from the school. Except as identified in Section 2, Items 5 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions that apply to this unpaid refund discharge, as specified in Section 7 on the following page.
- Under penalty (b)(6) provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge.

Borrower's Sign

(b)(6)

Page 1 of 2

Date

06-24-2004



**SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM**

Before you complete this application, you need to know that -

- If the school is currently open, you may not apply for this type of discharge unless you have first contacted the school and attempted to resolve the issue. If the issue is not resolved, you may then apply for this type of discharge.
- You may not apply for this type of discharge if you are currently attending the school. If you (or, for PLUS borrowers, the student) are still attending the school, you should contact the school about the refund.
- If your school closed while you were enrolled (or if you withdrew from the school within 90 days before the school closed) and you did not complete your program of study at another school, you may wish to apply for a loan discharge based on the school's closure rather than a discharge based on the unpaid refund. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 8.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2001" = "07-01-2001"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

**SECTION 6: DEFINITIONS**

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of the loan that should have been refunded. Any accrued interest and other charges associated with the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. The loan holder reports the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to the holder of a performance bond, a State or other agency offering a tuition recovery program, or any other entity that may reimburse you for a refund that you are owed.

**SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON UNPAID REFUND**

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

**SECTION 8: IMPORTANT NOTICES**

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are 428(b)(2)(A) *et seq.*, and 451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) *et seq.* and 20 U.S.C. 1087a *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is 484(a)(4) of the HEA (20 U.S.C. 1081(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program and/or Direct Loan Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) becomes delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking rolunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4051.

If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown below.

**SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

Return the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:  
(If no phone number is shown, call your loan holder.)



U.S. DEPARTMENT OF EDUCATION  
OFFICE OF POSTSECONDARY EDUCATION  
50 UNITED NATIONS PLAZA - REGION IX  
SAN FRANCISCO, CA 94102-4987

COPY

mp

So Sent V15 Hr

March 21, 2005

SAN FRANCISCO SERVICE CENTER

(b)(6)

Account No. (b)(6)  
Guaranteed Student Loan(s)  
Debt Number(s)  
(b)(6)  
Balance: \$0.00

Dear (b)(6)

This letter acknowledges receipt of the evidence you provided to support the objection raised that the balance owed on this debt is incorrect because you were due a full or partial refund from the school or lender.

The U.S. Department of Education has determined that you qualify for a full or partial unpaid tuition refund discharge of your Federal Family Education Loan(s) which you obtained to attend Robert Fiance, SID#007515.

As a result of this determination:

- o you will be relieved of the obligation to repay the loan(s);
- o you will be refunded all moneys paid by you on the loan(s), which our records show to be \$0.00 refund is due, a check has been requested from the U.S. Treasury (if a refund is due). Please allow 4-6 weeks for delivery;
- o you will no longer be regarded as in default on the loan(s) and the past reporting of a default will not preclude you from receiving assistance under the Title IV, Higher Education Act Programs in the future; and
- the Department will report the discharge to all credit reporting agencies to which it reports loan information so that the adverse credit history assigned to the loan(s) be deleted.

This covers only the Federal Family Educational Loan(s) held by the U.S. Department of Education, listed above, which was obtained to attend the above listed school(s). The Department has made no determination regarding loans which may be held by guaranty agencies, servicers, lenders, or educational institutions. If you believe that you may be eligible for discharge of other loans, you should contact the holder of those loans.

Sincerely,

James S. Farrar  
Senior Loan Analyst  
U. S. Department of Education

#007515 UNPAID REFUND

AWC



LOAN DISCHARGE APPLICATION: FALSE CERTIFICATION (DISQUALIFYING STATUS)

OMB No. 1845-0015 Form Approved Exp. Date 06/30/2005

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SECTION 1: BORROWER IDENTIFICATION

(b)(6)

Please enter or correct the following information. If a correction, check this box

SSN (b)(6) (b)(6)
Name (b)(6)
Address (b)(6) (b)(6)
City, State, Zip (b)(6)
Telephone - Home (
Telephone - Other (
E-mail address (optional)

Robert Fiance NSLOS (2)

SECTION 2: STUDENT INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with item 1.

- 1. Student's name (last, first, middle initial): (b)(6)
2. Student's SSN: (b)(6)
3. School's name: Robert Fiance
4. School's address (street, city, state, zip): Ponce, PR 00...
5. Dates of attendance at the school: From 09-10-17-11-19-18 To 05-13-01-11-19-18
6. Name of the program of study that you (or, for PLUS borrowers, the student) were enrolled in when the school certified or originated the loan that you are requesting to have discharged: Cosmetology with Barber Shop
7. To qualify for a loan discharge based on false certification due to a disqualifying status, you (or, for PLUS borrowers, the student) must have been unable - at the time the school certified or originated your loan - to meet the legal requirements for employment in your state of residence (or, for PLUS borrowers, in the student's state of residence) in the occupation for which the program of study was intended because of age, a physical or mental condition, criminal record, or other reason. Indicate your disqualifying status by checking the appropriate box(es) below:
[ ] Age [x] Physical condition [ ] Mental condition [ ] Criminal record [ ] Other (please specify):

You must provide documentation to prove that you (or for PLUS borrowers, the student) had the disqualifying status at the time the school certified or originated your loan. Also, provide as much information as possible about the state legal requirements for employment that you (or, for PLUS borrowers, the student) could not meet. Include the title and/or section number of the specific state law or regulation, or attach a copy of the law or regulation. You may obtain this information from the appropriate state agency, such as the consumer protection office or department of labor and employment, from a public library, or from an internet site that contains state laws and regulations.

- 8. (a) Before certifying or originating the loan, did the school ask you (or, for PLUS borrowers, the student) if the disqualifying status explained in Item 7 existed? [ ] Yes [x] No [ ] Don't Know
(b) Did you (or, for PLUS borrowers, the student) inform the school of the disqualifying status before the loan was certified or originated? [ ] Yes [x] No
9. Did the holder of your loan receive any money back (a refund) from the school on your behalf? [ ] Yes [ ] No [x] Don't Know
If Yes, give the amount and explain why the money was refunded:
10. Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school? [ ] Yes [x] No [ ] Don't Know
If yes, please provide the following information:
(a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received:

(b) Amount/status of claim: (c) Amount of payment received: \$ (Write "none" if no payment was received.)

SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief (b)(6)

Borrower's Signature

(b)(6)

Date: 1/23/05

\$ 0.00 R.

MD

January 23, 2005

At whom my concern:

In the last days I have been inquiry at the

(b)(6)

(b)(6)

where I had received my treatment. Also I made several phone call inquiry for my records at (b)(6) and by this time they not been able to sent any information to me.

I'm also make the task here in (b)(6) where I'm finished the program rehab in the (b)(6) for the local (b)(6) but by this time they just tell me, that my record is the inactive files and going to take some time to find them.

That why I respectfully soliciting for additional time to get the evidence you ask for. Thank you for the assistance and attention on this matter, God bless you.

Respectfully,

(b)(6)





**U.S. DEPARTMENT OF EDUCATION  
Administrative Wage Garnishment Hearing  
Financial Hardship Calculation Worksheet**

Borrower's Name: (b)(6)  
 Borrower's SSN: [REDACTED]  
 Date: [REDACTED]  
 GARNISHMENT %: 15.00%

City: (b)(6)  
 State: [REDACTED]  
 County: 0  
 Number In Family: (b)(6)  
 Number of Care: [REDACTED]

Borrower Paid: Monthly (M), Bi-weekly (BW), Weekly (W), Bi-Monthly (BM) **BM**  
 Spouse Paid: Monthly (M), Bi-weekly (BW), Weekly (W), Bi-Monthly (BM) **M**  
 Additional Paid: Monthly (M), Bi-weekly (BW), Weekly (W), Bi-Monthly (BM) **BW**

MISC: \$315.00  
 H/U: \$0.00  
 TRANS: \$0.00

INCOME	Borrower	Spouse	Other	Family Totals	EXPENSES	Standard Applicable	Amount Stated	Amount Accepted	MISC	H/U	TRANS
GROSS PAY	\$637.50	\$0.00	\$0.00		Food, Housekeeping Supplies, Apparel and Services, Personal Care Products, and Miscellaneous	\$942.00	\$467.00	\$942.00	\$0.00	\$0.00	\$0.00
Federal Taxes	\$0.00	\$0.00	\$0.00		Housing & Utilities Standards	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
State Taxes	\$16.33	\$0.00	\$0.00		Transportation Standards	#N/A	\$0.00	#N/A	\$467.00	\$0.00	\$0.00
Local/City Taxes	\$0.00	\$0.00	\$0.00		Rent and Utilities		\$411.00	\$411.00			
FICA	\$39.53	\$0.00	\$0.00		Transportation		\$100.00	\$100.00			
Medicare	\$9.24	\$0.00	\$0.00				\$0.00	\$0.00			
HEALTH INSURANCE	\$28.88	\$0.00	\$0.00				\$0.00	\$0.00			
	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00			
	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00			
	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00			
monthly income adjustment (prior garnishment)	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00			
Total Deductions per Pay Period	\$93.98	\$0.00	\$0.00				\$0.00	\$0.00			
TOTAL MONTHLY DEDUCTIONS	\$187.96	\$0.00	\$0.00	ADDITIONAL FAMILY MONTHLY INCOME	TOTAL MONTHLY EXPENSES		\$978.00	\$511.00			
MONTHLY GROSS INCOME	\$1,275.00	\$0.00	\$0.00	\$0.00	MONTHLY FAMILY DISCRETIONARY INCOME (amount remaining after expenses)			\$576.04			
MONTHLY DISPOSABLE INCOME (A)	\$1,087.04	\$0.00	\$0.00	\$1,087.04							
(FIGURES ABOVE FOR BORROWER ONLY)	TOTAL FAMILY MONTHLY GROSS INCOME			\$1,275.00	FAMILY MONTHLY DISPOSABLE INCOME (B)						

Monthly amount we could garnish at 15% (C) **\$163.06** Monthly amount we could garnish after expenses have been determined (D) **\$163.06**

dispos income w/o garnishment (E) **N/A** Minimum wage calculation **#3**

Prior Garnishment Calculations: 30 X min wage, smallest of #1, #2 and #3, Prepared by M. Parker-Venable/  
 current non-ed gar 0.00%, percentage remaining 25.00%, amt we could garnish \$163.06  
 #1, #2, #3  
 \$417.54, \$163.06, HR1  
 When prior garnishment app at 15% (I) \$81.53, app part hdsp (H) \$288.02  
 discr inc w/o gar (F) \$576.04 (D26+I29), Hdsp w/o gar (G) NO  
 \$81.53 per pay period, 15.0%

housing differential \$0.00  
 revised stated expenses\* \$978.00  
 Misc Expenses Misc Exp minus housing diff\* \$511.00  
 discr income minus gar \$412.98  
 I29-C32  
 \*only if housing differential is used in expenses  
 103  
 w weekly  
 b weekly  
 m monthly  
 q quarterly  
 o other  
 s semi-monthly  
 f fixed amt  
 v variable amt



MP

January 23, 2005

At whom make concern:

In the last days I've been in contact with

(b)(6)

(b)(6)

whom I had received my treatment. Also I made several phone call inquiry for my records at

(b)(6)

and by this time they not been able to sent any information to me.

I'm also make the task here in (b)(6) where I'm finished the program rehab in the (b)(6)

(b)(6) for the local (b)(6) but by this time they just tell me, that my record is the inactive files and going to take some time to find them.

That why I respectfully soliciting for additional time to get the evidence you ask for. Thank you for the assistance and attention on this matter, God bless you.

Desa C.H.

(b)(6)





# LOAN DISCHARGE APPLICATION: FALSE CERTIFICATION (DISQUALIFYING STATUS)

OMB No. 1845-0015  
Form Approved  
Exp. Date 06/30/2005

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please print or correct the following information. If a correction, check this box:

SSN (b)(6) \_\_\_\_\_

Name (b)(6) \_\_\_\_\_

Address (b)(6) \_\_\_\_\_

City, State, Zip (b)(6) \_\_\_\_\_

Telephone - Home ( ) \_\_\_\_\_

Telephone - Other ( ) \_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

## SECTION 2: STUDENT INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a PLUS borrower applying for a PLUS loan discharge, begin with Item 1.

- Student's name (last, first, middle initial): (b)(6)
- Student's SSN: (b)(6)
- School's name: ROBERT FIANCO
- School's address (street, city, state, zip): Brooklyn New York
- Dates of attendance at the school: From 04-07-11988 To 05-31-1988
- Name of the program of study that you (or, for PLUS borrowers, the student) were enrolled in when the school certified or originated the loan that you are requesting to have discharged: Course to begin with Barber Shop
- To qualify for a loan discharge based on false certification due to a disqualifying status, you (or, for PLUS borrowers, the student) must have been unable - at the time the school certified or originated your loan - to meet the legal requirements for employment in your state of residence (or, for PLUS borrowers, in the student's state of residence) in the occupation for which the program of study was intended because of age, a physical or mental condition, criminal record, or other reason. Indicate your disqualifying status by checking the appropriate box(es) below.

Age  Physical condition  Mental condition  Criminal record  Other (please specify): \_\_\_\_\_

You must provide documentation to prove that you (or for PLUS borrowers, the student) had the disqualifying status at the time the school certified or originated your loan. Also, provide as much information as possible about the state legal requirements for employment that you (or, for PLUS borrowers, the student) could not meet. Include the title and/or section number of the specific state law or regulation, or attach a copy of the law or regulation. You may obtain this information from the appropriate state agency, such as the consumer protection office or department of labor and employment, from a public library, or from an internet site that contains state laws and regulations.

- (a) Before certifying or originating the loan, did the school ask you (or, for PLUS borrowers, the student) if the disqualifying status explained in Item 7 existed?  
 Yes  No  Don't Know  
(b) Did you (or, for PLUS borrowers, the student) inform the school of the disqualifying status before the loan was certified or originated?  
 Yes  No
- Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know  
If Yes, give the amount and explain why the money was refunded: \_\_\_\_\_
- Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know If yes, please provide the following information:  
(a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received: \_\_\_\_\_

(b) Amount/status of claim: \_\_\_\_\_ (c) Amount of payment received: \$ \_\_\_\_\_  
(Write "none" if no payment was received.)

## SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: (b)(6) \_\_\_\_\_ Date: 1/23/05

# AWG RFH Cover Sheet

STM

Agency Code: **406**      Prepared By: Patricia McEntire      Contact No. # 541-955-7719

Date Package Prepared: \_\_\_\_\_ Date Returned ED/ PIC: \_\_\_\_\_

Date Rec'd: 12-13-04 PM Date: 12-7-04 **THR** or **UTH** Current AWG Status Code: THR

Borrower's Name: (b)(6) SSN: (b)(6)

Type RFH (check one):  In-Person     Telephone     Written Record

Objection	RFH PACKAGE Checklist
<p><u>Check All Objection(s) Identified</u></p> <p>Financial Hardship: <input checked="" type="checkbox"/></p> <p>Balance Dispute:</p> <p style="padding-left: 20px;">In- Repayment: _____</p> <p style="padding-left: 20px;">Repaid SIF/PIF: _____</p> <p style="padding-left: 20px;">Incorrect Amount: _____</p> <p>Bankruptcy:</p> <p style="padding-left: 20px;">Active Chapter 7/13: _____</p> <p style="padding-left: 20px;">Discharged Chapter 7/13: _____</p> <p>Disability: _____</p> <p>Death: _____</p> <p>Legal Exclusion:</p> <p style="padding-left: 20px;">Employed less than 12 months: _____</p> <p style="padding-left: 20px;">Unemployed: _____</p> <p style="padding-left: 20px;">Terminated involuntarily from previous employment: _____</p> <p>Third Party / SSN Dispute: _____</p> <p>Unpaid Refund Request: _____</p> <p>Dischargeability Claims:</p> <p style="padding-left: 20px;">ATB (No GED): _____</p> <p style="padding-left: 20px;">ATB (Not Qualified): <input checked="" type="checkbox"/></p> <p style="padding-left: 20px;">Closed School: _____</p> <p style="padding-left: 20px;">Unauthorized Signature: _____</p>	<p><u>Check All Enclosed Document(s)</u></p> <p><input checked="" type="checkbox"/> Request For Hearing Form or Letter Requesting Hearing Received from debtor and envelop (mandatory)</p> <p>_____ Copy of the File Records from Raytheon (mandatory) [ ] Requested</p> <p><input checked="" type="checkbox"/> A dated copy of <u>Notice Requesting Additional Information</u> (mandatory)</p> <p><input checked="" type="checkbox"/> Any Application(s) or Form(s) submitted by the Debtor (mandatory)</p> <p><input checked="" type="checkbox"/> Financial Disclosure Form (if applicable)</p> <p><input checked="" type="checkbox"/> Copies of two-2 pay stubs (if applicable)</p> <p><u>NA</u> Copies of two-2 pay stubs for <b>Spouse</b> (if applicable)</p> <p><input checked="" type="checkbox"/> AWG Hardship Calculator (if applicable)</p> <p><input checked="" type="checkbox"/> Copy of the PCA Notepad (mandatory)</p> <div style="text-align: right; margin-top: 20px;"> <p style="font-size: 1.2em; font-family: cursive;">ms - 2004, 2005</p> <p style="font-size: 1.2em; font-family: cursive;">2945.52</p> <p style="font-size: 1.2em; font-family: cursive;">3295.33</p> <p style="font-size: 1.2em; font-family: cursive;">1560.22</p> </div>

Dates Mailed Requested for Documentation and/or Notified Debtor to submit:

Date called borr: \_\_\_\_\_ LMTC/ATT \_\_\_\_\_ LMTC/ATT \_\_\_\_\_ LMTC/ATT \_\_\_\_\_ LMTC/ATT

Mailed Extension of Deadline Ltr/Checklist: 12-14-04

**U.S. DEPARTMENT OF EDUCATION  
Administrative Wage Garnishment Hearing  
Financial Hardship Calculation Worksheet**

Borrower's Name: (b)(6)      GARNISHMENT % 15.00%  
 Borrower's SSN: (b)(6)  
 Date: (b)(6)

City (b)(6)  
 State (b)(6)  
 County 0  
 Number in Family (b)(6)  
 Number of Cars (b)(6)

Borrower Paid: Monthly (M), Bi-weekly (BW), Weekly (W), Bi-Monthly (BM)      **BM**  
 Spouse Paid: Monthly (M), Bi-weekly (BW), Weekly (W), Bi-Monthly (BM)  
 Additional Paid: Monthly (M), Bi-weekly (BW), Weekly (W), Bi-Monthly (BM)

MISC      H/U      TRANS  
 \$315.00      \$307.00      \$0.00  
 \$152.00      \$58.73      \$0.00  
 \$0.00      \$15.26      \$0.00

INCOME	Borrower	Spouse	Other	Family Totals	EXPENSES	Standard Applicable	Amount Stated	Amount Accepted			
GROSS PAY	\$637.50	\$0.00	\$0.00		Food, Housekeeping Supplies, Apparel and Services, Personal Care Products, and Miscellaneous	\$942.00	\$467.00	\$942.00	\$0.00	\$29.34	\$0.00
Federal Taxes	\$0.00	\$0.00	\$0.00		Housing & Utilities Standards	\$0.00	\$410.33	\$0.00	\$0.00	\$0.00	\$0.00
State Taxes	\$16.33	\$0.00	\$0.00		Transportation Standards	#N/A	\$0.00	#N/A	\$467.00	\$410.33	\$0.00
Local/City Taxes	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00			
FICA	\$39.53	\$0.00	\$0.00				\$0.00	\$0.00			
Medicare	\$8.24	\$0.00	\$0.00				\$0.00	\$0.00			
HEALTH INSURANCE	\$28.88	\$0.00	\$0.00				\$0.00	\$0.00			
0	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00			
0	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00			
0	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00			
monthly income adjustment (prior garnishment)	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00			
Total Deductions per Pay Period	\$93.98	\$0.00	\$0.00				\$0.00	\$0.00			
TOTAL MONTHLY DEDUCTIONS	\$187.95	FALSE	FALSE	ADDITIONAL FAMILY MONTHLY INCOME	TOTAL MONTHLY EXPENSES		\$877.33	\$0.00			
MONTHLY GROSS INCOME	\$1,275.00	FALSE	FALSE	\$0.00	MONTHLY FAMILY DISCRETIONARY INCOME (amount remaining after expenses)			\$1,087.05			
MONTHLY DISPOSABLE INCOME (A)	\$1,087.05	\$0.00	\$0.00	\$1,087.05							
(FIGURES ABOVE FOR BORROWER ONLY)		TOTAL FAMILY MONTHLY GROSS INCOME	\$1,275.00	FAMILY MONTHLY DISPOSABLE INCOME (B)							

Monthly amount we could garnish at 15% (C)	\$163.06	Monthly amount we could garnish after expenses have been determined (D)	\$163.06
dispos income w/o garnishment (E)	N/A		#3
Minimum wage calculation	\$688.50	REVISED	20-Jul-2004
Prior Garnishment Calculations	30 X min wage	smallest of #1, #2 and #3	Prepared by PAT MCENTIRE
current non-ed gar	\$417.55		
percentage remaining	25.00%	#2	
amt we could garnish	\$163.06	\$163.06	HR1
	#1	Garnishment amount per month	When prior garnishment ppp at 15% (I)
			\$81.53
			ppp part hdsp (J)
			\$543.53
discr inc w/o gar (K)	\$1,087.05 (D26+I29)	\$81.53 per pay period	15.0%
Hdsp w/o gar (L)	NO		

103 w weekly  
 pay b bi-weekly  
 schedule m monthly  
 q quarterly  
 o other  
 s semi-monthly  
 f fixed amt  
 v variable amt

PM 12/7/04

# U.S. Department of Education Financial Disclosure Statement

406  
W61

To evaluate a hardship claim, ED compares the expenses you claim and support against averages spent for those expenses by families of the same size and income as yours. ED considers proven expenses as reasonable up to the amount of these averages. If you claim more for an expense than the average spent by families like yours, you must provide persuasive explanation why the amount you claim is necessary. These average amounts were determined by the IRS from different government studies. You can find the average expense amount that the Department uses at the website at: [HTTP://WWW.ED.GOV/Offices/OSFAP/DCS](http://WWW.ED.GOV/Offices/OSFAP/DCS). Select "Administrative Wage Garnishment," on the right side and then select "Collection Financial Standards."

- **Complete all items.** Do not leave any item blank. If the answer is zero, write zero.
- **Provide documentation of expenses.** Expenses may not be considered if you do not provide documents supporting the amounts claimed.
- **Disclose and provide documentation of household income.**
- Failure to provide this information and documentation may result in a denial of your claim of financial hardship as unproven.

**Income**

Your Name: (b)(6)      Your Social Security No.: (b)(6)

Address: (b)(6)      Phone: (b)(6)

County: (b)(6)

Current Employer: (b)(6)      Date Employed: \_\_\_\_\_

Employer Phone: \_\_\_\_\_      Present Position: Laborer

Gross Income: \$ 1,275     Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Net Income: \$ 1,087.05     Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

**ENCLOSE: COPY OF YOUR TWO MOST RECENT PAY STUBS AND COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Number of dependents: (b)(6) (including yourself)

Marital status:  Married  Single  Divorced

Your spouse's name: (b)(6)      Spouse's SSN: (b)(6)

Gross Income: \$ 0     Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Net Income: \$ 0     Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

**ENCLOSE: COPY OF TWO MOST RECENT PAY STUBS AND COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

(b)(6)



Other household member(s) with income: N/A SSN: \_\_\_\_\_  
 Gross Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_  
 Net Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

**ENCLOSE: COPY OF TWO MOST RECENT PAY STUBS AND  
 COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

**Other Income**

Child support: \$ 0  Weekly  Bi-Weekly  Monthly  Other  
 Alimony: \$ 0  Weekly  Bi-Weekly  Monthly  Other  
 Interest: \$ 0  Weekly  Bi-Weekly  Monthly  Other  
 Public assistance: \$ 0  Weekly  Bi-Weekly  Monthly  Other  
 Other: \$ 0 Describe: \_\_\_\_\_

**Please explain all deductions shown on pay-stubs:**

Deductions	Amount	Reason
<del>401k</del> SST	<u>79.06</u>	-
Retirement: Med Care	<u>18.48</u>	
Union Dues: SIAK Trx	<u>32.66</u>	
Medical:	<u>57.76</u>	
Credit Union:		
Other: Rent	<u>307.00</u>	

**Monthly Expenses**

**Shelter (SEND COPY OF MORTGAGE OR LEASE)**

Rent/Mortgage: \$ 307.00 Paid to whom: (b)(6)  
 2<sup>nd</sup> home mortgage: \$ \_\_\_\_\_ Paid to whom: \_\_\_\_\_  
 Home insurance: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**Food and Household**

Expenses: \$ 315.00  
 Clothing: \$ 152.00

**Utilities (SEND COPIES OF BILLS)**

Electric: \$ 58.73  
 Gas: \$ \_\_\_\_\_  
 Water/Sewer \$ 15.26  
 Garbage pickup: \$ \_\_\_\_\_  
 Basic telephone: \$ 29.34  
 Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**Medical (SEND COPIES OF BILLS)**

Insurance \$ \_\_\_\_\_ /per month  
 (Only list payments not deducted from paycheck)  
 Bill payments \$ \_\_\_\_\_ /per month  
 (Only list payments not covered by insurance)

Other: \$ \_\_\_\_\_ /per month  
Describe: \_\_\_\_\_

Transportation (SEND COPIES OF CAR PAYMENT AGREEMENT OR BILLS)

# Of cars \_\_\_\_\_  
1<sup>st</sup> Car payment: \$ \_\_\_\_\_ /per month  
2<sup>nd</sup> Car payment: \$ \_\_\_\_\_ /per month  
Gas and oil: \$ \_\_\_\_\_ /per month  
Public transportation: \$ \_\_\_\_\_ /per month  
Car insurance: \$ \_\_\_\_\_ /per month  
Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Child Care (SEND COPIES OF BILLS)

Child care: \$ \_\_\_\_\_ /per month      Number of children: \_\_\_\_\_  
Child support: \$ \_\_\_\_\_ /per month      Number of children: \_\_\_\_\_  
Other: \$ \_\_\_\_\_ /per month      Describe: \_\_\_\_\_

Other Insurance: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Other Expenses (Attach a list describing expense, monthly payment and enclose bills)

Based on this Statement, I think I can afford to pay \$ 30.00 per month

I declare ~~under penalty of law that the answers and statements~~ contained herein are true and correct.

Signature <sup>(b)(6)</sup> \_\_\_\_\_ Date 12/6/04

**Warning:** 18 U.S.C. 1001 provides that "whoever...knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both."

Complete, sign, and return the requested information and documentation to:

U.S. Department of Education  
AWG Hearing Unit  
61 Forsyth Street, Room 19T89  
Atlanta, GA 30303

Privacy Act Notice

This request is authorized under 31 U.S.C. 3711, 20 U.S.C. 1078-6, and 20 U.S.C. 1095a. You are not required to provide this information. If you do not, we cannot determine your financial ability to repay your student aid debt. The information you provide will be used to evaluate your ability to pay. It may be disclosed to government agencies and their contractors, to employees, lenders, and others to enforce this debt; to third parties in audit, research, or dispute about the management of this debt; and to parties with a right to this information under the Freedom of Information Act or other federal law, or with your consent. These uses are explained in the Federal Register of June 4, 1999, Vol. 64, p.30166, revised Dec. 27, 1999, Vol. 64, p. 72407. We will send a copy at your request.

REQUEST FOR HEARING

If you object to garnishment of your wages for the debt described in the notice, you can use this form to request a hearing. **Your request must be in writing and mailed or delivered to the address below.**

Your Name: (b)(6) SSN: (b)(6)  
Address: (b)(6)  
Telephone: (b)(6)  
Employer: (b)(6)  
Address: (b)(6)  
Telephone: \_\_\_\_\_  
Beginning Date Of Current Employment: \_\_\_\_\_

CHECK HERE if you object on the grounds that garnishment in amounts equal to 15% of your disposable pay would cause financial hardship to you and your dependents. (To arrange voluntary repayment, contact customer service at the number below.)

You must complete either the enclosed **FINANCIAL DISCLOSURE FORM** or a Financial Disclosure Form of your choosing to present your hardship claim. You must enclose copies of earnings and income records, and proof of expenses, as explained on the form. If your request for an oral hearing is granted, you will be notified of the date, time, and location of your hearing. If your request for an oral hearing is denied, ED will make its determination of the amounts you should pay based on a review of your written materials.

NOTE: You should also state below any other objections you have to garnishment to collect this debt at this time.

NOTE: IT IS IN YOUR INTEREST TO REQUEST COPIES OF ALL DOCUMENTATION HELD BY ED BY CALLING THE CUSTOMER SERVICE NUMBER LISTED ON THE ENCLOSED NOTICE PRIOR TO COMPLETING A REQUEST FOR HEARING.

**I. HEARING REQUEST (Check ONLY ONE of the following)**

I want a written records hearing of my objection(s) based on ED's review of this written statement, the documents I have enclosed, and the records in my debt file at ED.

I want an in-person hearing at the ED hearing office to present my objection(s). I understand that I must pay my own expenses to appear for this hearing.

I want this In-Person hearing held in: \_\_\_\_\_ Atlanta, GA, \_\_\_\_\_ Chicago, IL, \_\_\_\_\_ San Francisco, CA. (Check the location you wish for the hearing.)

I want a hearing by telephone to present my objections. You must provide a daytime telephone number at which you can be contacted between the hours of 8:00 am to 4:00 pm, Monday through Friday. I can be reached at: (b)(6)

(b)(6)

**II. IF YOU WANT AN IN-PERSON OR TELEPHONE HEARING, YOU MUST COMPLETE THE FOLLOWING:**

The debt records and documents I submitted to support my statement in Part III do not show all the material (important) facts about my objection to collection of this debt. I need a hearing to explain the following important facts about this debt: (**EXPLAIN** the additional facts that you believe make a hearing necessary on a separate sheet of paper. If you have already fully described these facts in your response in Part III, **WRITE HERE** the number of the objection in which you described these facts\_\_.)

**Note:** If you do not request an in-person or telephone hearing, we will review your objection based on information and documents you supply with this form and on records in your loan file. We provide an oral hearing to a debtor who requests an oral hearing and shows in the request for the hearing good reason to believe that we cannot resolve the issues in dispute by review of the documentary evidence, for example, when the validity of the claim turns on the issue of credibility or veracity.

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**III. Check the objections that apply. EXPLAIN any further facts concerning your objection on a separate sheet of paper. ENCLOSE the documents described here (if you do not enclose documents, ED will consider your objection(s) based on the information on this form and records held by ED).**

For some objections you must submit a completed application. Obtain applications by contacting Customer Service at the number below, or go to ED's website at: **HTTP://WWW.ED.GOV/Offices/OSFAP/DCS**, select **Forms**, then select the application described for that objection.

1. ( ) I do not owe the full amount shown because I repaid some or all of this debt. (ENCLOSE: copies of the front and back of all checks, money orders and any receipts showing payments made to the holder of the debt.)
2. ( ) I am making payments on this debt as required under the repayment agreement I reached with the holder of the debt. (ENCLOSE: copies of the repayment agreement and copies of the front and back of checks where you paid on the agreement.)
3. ( ) I filed for bankruptcy and my case is still open. (ENCLOSE: copies of any documents from the court that shows the date that you filed, the name of the court, and your case number.)
4. ( ) This debt was discharged in bankruptcy. (ENCLOSE: copies of debt discharge order and the schedule of debts filed with the court.)
5. ( ) The borrower has died. (ENCLOSE: CERTIFIED Copy of Death Certificate.) For Loans only.
6. ( ) I am totally and permanently disabled - unable to work and earn money because of an impairment that is expected to continue indefinitely or result in death. Obtain and submit completed Total and Permanent Disability Cancellation Request; must be completed by physician. For loans only.
7. ( ) I used this loan to enroll in \_\_\_\_\_ (school) on or about \_\_\_/\_\_\_/\_\_\_, and I withdrew from school on or about \_\_\_/\_\_\_/\_\_\_ I paid the school \$ \_\_\_\_\_ and I believe that I am owed, but have not been paid, a refund from the school of \$ \_\_\_\_\_. Obtain and submit completed Loan Discharge Application: Unpaid Refund (Enclose any records you have showing your withdrawal date). For loans only.
8. ( ) I used this loan to enroll in \_\_\_\_\_ (school) on or about \_\_\_/\_\_\_/\_\_\_, and I was unable to complete my education because the school closed. Obtain and submit completed Loan



Discharge Application: Closed School. (ENCLOSE: any records you have showing your withdrawal date.) For loans only.

9. ( ) This is not my Social Security Number, and I do not owe this debt. (ENCLOSE: a copy of your driver's license or other identification issued by a federal, state or local government agency, and a copy of your Social Security Card.)

10. ( ) I believe that this debt is not an enforceable debt in the amount stated for the reason explained in the attached letter. (Attach a letter explaining any reason other than those listed above for your objection to collection of this debt amount by garnishment of your salary. ENCLOSE any supporting records.)

11. ( ) I did not have a high school diploma or GED when I enrolled at the school I attended with this guaranteed student loan. The school did not properly test my ability to benefit from the training offered. Obtain and submit completed Loan Discharge Application: False Certification of Ability to Benefit. Enclose any records you have showing your withdrawal date For loans only.

12. (X) When I borrowed this guaranteed student loan to attend Robert Fianca Hair Design (school), I had a condition (physical, mental, age, criminal record) that prevented me from meeting State requirements for performing the occupation for which it trained me. Obtain and submit completed Loan Discharge Application: False Certification (Disqualifying Status). For loans only. *See Exhibit A*

13. ( ) I was involuntarily terminated from my last employment and I have been employed in my current job for less than twelve months. (Attach statement from employer showing date of hire in current job and statement from prior employer showing involuntary termination.)

14 ( ) I believe that \_\_\_\_\_ (School) without my permission signed my name on the loan application, promissory note, loan check or electronic funds transfer (EFT) authorization. Obtain and submit completed Loan Discharge Application: Unauthorized Signature / Unauthorized Payment. (Enclose any records you have showing your withdrawal date). For loans only.

IV. I state under penalty of law that the statements made on this request are true and accurate to the best of my knowledge.

DATE: 12/6/04 SIGNATURE 

SEND THIS REQUEST FOR HEARING FORM TO: U.S. DEPARTMENT OF EDUCATION  
Atlanta Service Center  
Attn: AWG Hearings Branch  
61 Forsyth Street, Room 19T89  
ATLANTA, GA 30303

If you wish to arrange a voluntary agreement for payments in amounts equal to 15% of your disposable pay, do not use this form. Instead, call the Customer Service Number Below.

ED Customer Service  
(800) 621-3115

Violation of any such agreement may result in an immediate order to your employer for garnishment of 15% of your disposable pay.

**This is an attempt to collect a debt and any information obtained will be used for that purpose.**

CO. FILE DEPT. CLOCK VCHR. NO. 036  
 TQ 000251 RQ1016 4430 0000460014 1

(b)(6)

Taxable Marital Status (b)(6)  
 Exemptions/Allowances:  
 Federal: Tax Exempt  
 State: \$58 Exemption

Social Security Number (b)(6)

Earnings	rate	hours	this period	year to date
Regular	7.3555	86.67	637.50	12,813.81
Double				1,493.15
<b>Gross Pay</b>			<b>\$637.50</b>	<b>15,742.71</b>

Deductions	Statutory		
	Social Security Tax	-39.53	976.05
	Medicare Tax	-9.24	228.27
	PR State Income Tax	-16.33	432.85
	PR SUI/SDI Tax		27.00
	<b>Other</b>		
	Checking	-443.52	
	Medical	-28.88	606.48
	Rent	-100.00	3,170.00
<b>Net Pay</b>		<b>\$0.00</b>	

# Earnings Statement



Period Ending: 11/15/2004  
 Pay Date: 11/15/2004

(b)(6)

Other Benefits and Information	this period	total to date
V	5.00	

**Important Notes**  
 (b)(6)

# Earnings Statement



Period Ending: 11/30/2004  
 Pay Date: 11/30/2004

(b)(6)

Taxable Marital Status: (b)(6)  
 Exemptions/Allowances:  
 Federal: Tax Exempt  
 State: \$58 Exemption

(b)(6)

Social Security Number (b)(6)

Earnings	rate	hours	this period	year to date
Regular	7.3555	70.67	519.81	13,333.62
Enfermedad	7.3555	16.00	117.69	
Double				1,493.15
<b>Gross Pay</b>			<b>\$637.50</b>	16,380.21

Other Benefits and Information	this period	total to date
E	8.00	
V	5.00	

Deductions	Statutory		
	Social Security Tax	-39.52	1,015.57
	Medicare Tax	-9.24	237.51
	PR State Income Tax	-16.33	449.18
	PR SUI/SDI Tax		27.00
	<b>Other</b>		
	Checking	-336.53	
	Medical	-28.88	635.36
	Rent	-207.00	3,377.00
	<b>Net Pay</b>	<b>\$0.00</b>	

Formulario  
Form 499R-2/W-2P  
Rev 05/03

(b)(6)		IN (b)(6) DE (b)(6)	
DEPARTMENT OF THE TREASURY INFORMATION		SOCIAL SECURITY INFORMATION	
1. Nombre-First Name (b)(6)	3. Núm. Seguro Social Social Security No. (b)(6)	8. Sueldos - Wages <b>16937.93</b>	17. Total Sueldos Seguro Social Social Security Wages <b>16937.93</b>
Apellidos-Surname(s) (b)(6)	4. Estado Civil - Civil Status Soltero <input type="checkbox"/> Casado <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/>	9. Comisiones-Commissions	18. Seguro Social Retenido Social Security Tax Withheld <b>1050.15</b>
Dirección Postal del Empleado-Employee's Mailing Address (b)(6)	5. Núm. Seguro Social Conyuge Spouse's Social Security No.	10. Concesiones-Allowances	19. Total Sueldos y Pro. Medicare Medicare Wages and Tips <b>16937.93</b>
2. Nombre y Dirección Postal del Patrono Employer's Name and Mailing Address (b)(6)	6. Núm. de Ident. Patronal Employer's Ident. No. (EIN) (b)(6)	11. Propinas-Tips	20. Contrib. Medicare Retenida Medicare Tax Withheld <b>245.60</b>
	7. Costo de Pensión o Anualidad Cost of Pension or Annuity (b)(6)	12. Total = 8 + 9 + 10 + 11 <b>16937.93</b>	21. Propinas Seguro Social Social Security Tips
Número de Teléfono del Patrono Employer's Telephone Number	(b)(6)	13. Gastos Reembolsados Reimbursed Expenses	22. Seguro Social no Retenido en Propinas-Uncollected Social Security Tax on Tips
Fecha Cese de Operaciones Operations Ceasing Date		14. Cont. Retenida -Tax Withheld <b>440.34</b>	23. Contrib. Medicare no Retenida en Propinas-Uncollected Medicare Tax on Tips
Número Control - Control Number ADP (b)(6)	Año: Year: <b>2003</b>	15. Fondo de Retiro Retirement Fund	
Instrucciones al dorso/Copia B - Instructions on back of Copy B 04/-TQ		16. Aportaciones a Planes Cualif. Contributions to CODA PLANS	



(b)(6)

November 30, 2004

(b)(6)

1:48P

El siguiente pago ha sido recibido y acreditado:

Forma de Pago..... CX#1098  
 Cargo de Renta..... \$ 307.00  
 Cantidad Recibida...\$ 307.00

Este pago ha sido acreditado en su cuenta de la siguiente manera:

	Bal. Anterior	Recibido	Bal. Actual
RENTA	\$307.00	\$307.00	\$0.00
TOTAL	\$307.00	\$307.00	\$0.00

Le agradecemos por su pago. Si tiene algun problema en su unidad no dude en comunicarse con nosotros.

Emitido por:

(b)(6)

FORMACION GENERAL		DETALLE DE LA FACTURACION		IMPORTE
(b)(6)	(b)(6)	(b)(6)	(b)(6)	\$58.73
	11-23-04			24.07
	32			
	1			
	12-16-04			
	12-23-04			
	(b)(6)			
<b>TOTAL IMPORTE A PAGAR</b>				\$82.60

DATOS LECTURA/FACTURACION	CONTADOR	LECTURA		CONSTANTE	CONSUMO	COMPRA DE ENERGIA Y COMBUSTIBLE
		ACTUAL	ANTERIOR			
(b)(6)	W121757	1945.00	1899.00	10	460	41.55

AVISO IMPORTANTE: Tiene hasta la fecha de vencimiento indicada para pagar u objetar su facturación corriente. Para más información vea el dorso de esta hoja. Pagó con: efectivo \_\_\_ cheque \_\_\_ tarjeta de débito \_\_\_ cobrador \_\_\_ fecha \_\_\_

(b)(6)

DESPRENDA EL TALON Y ENVIÉLO CON SU PAGO

PAGO CON: EFECTIVO \_\_\_ CHEQUE \_\_\_ TARJETA DE DEBITO \_\_\_

Cualquier balance final vencido podrá notificarse a una agencia de crédito y a una agencia de cobro.

COBRADOR: \_\_\_ FECHA DE PAGO: \_\_\_

TALON DE PAGO

(b)(6)

NUMERO DE CUENTA CICLO: (b)(6)

(b)(6)

TOTAL A PAGAR	\$82.80
CANTIDAD ENVIADA	
FECHA DE VENCIMIENTO	12-16-04

PAGUE EN O ANTES DE:

Su pago no se ha recibido. Envíe su pago hoy. Si lo envió, favor de ignorar este aviso.

No mutilie este talón ni manche o escriba en el área blanca.

05102823110055 000008280 000005873 8

*Aproprate la nota  
para la  
cancelación  
de \$2500  
de CR*

(b)(6)

(b)(6)

PARA SERVICIOS LLAME AL:  
811  
Solicitud de Servicio Residencial/  
Negocio Pequeño  
Orientación de factura  
Residencial/Negocios

611  
Reportar Averías de Residencias  
Contrato de Mantenimiento  
Residencias

787 792-6262  
Ventas Servicios a Empresas

787 729-3131  
Reportar Averías Negocios

Visítanos en:  
[www.telefonicapr.com](http://www.telefonicapr.com)

\* Usted tiene 15 días después de la fecha de envío de la factura para reclamar los cargos contenidos en ella, y/o solicitar investigación de aquellos que considere incorrectos.

\* Para evitar un cargo por demora de 1% en su factura, el pago debe ser recibido en o antes de la fecha de vencimiento indicada.

\* Las guías telefónicas del Área Metro fueron distribuidas en agosto. Las guías Isla serán distribuidas en diciembre. Recuerde reciclar sus guías anteriores. Para servicio de información consulte su guía telefónica o llámenos al 411. El costo por llamada es de 75¢ y 25¢ para completar la misma.

**Balances en Atrasos o Créditos**

**\$0.14 CR**

**Resumen de Cargos Corrientes**

<b>Servicios PRT</b>	
Renta Servicios Básicos Mensuales	22.84
Acceso Línea Impuesto por la FCC	6.50
Servicio Medido / Servicio Local	0.00
Cargos Directorio	0.00
WATS	0.00
Uso de Información	0.00
Otros Cargos y/o Créditos	17.54

Total de Servicios PRT 46.88

Total de Larga Distancia 0.52

**TOTAL DE CARGOS CORRIENTES 47.40**

Fecha de Vencimiento 05 NOV 2004

**TOTAL A PAGAR \$47.26**



Autoridad de Acueductos  
y Alcantarillados

# INFORME DE FACTURACION

CLIENTE	NUMERO DE CUENTA	FECHA DE VENCIMIENTO	
(b)(6)	(b)(6)	(b)(6)	\$15.26
CONTADOR	LECTURA ANTERIOR	LECTURA ACTUAL	CONSUMO
(b)(6)	(b)(6)	(b)(6)	(b)(6)
CARGOS/CREDITOS	IMPORTE	DATOS DE LA CUENTA	DATOS DEL SERVICIO
BALANCE ANTERIOR	(b)(6)	TARIFA: (b)(6)	(b)(6)
PAGOS		FECHA FACTURA:	(b)(6)
AGUA		LECTURA HASTA:	
ALCANTARILLADO		DIAS DE CONSUMO:	
SUBSIDIO			
<p>LOS ATRASOS VENCIDOS PODRAN SER REFERIDOS A UNA AGENCIA DE INFORMACION DE CREDITO (CREDIT BUREAU) Y A UNA EMPRESA PRIVADA DE COBROS.</p> <p>AGRADECIMOS QUE MANTENGA EL AREA DEL CONTADOR VISIBLE Y LIBRE DE OBSTACULOS CONSUMO ESTIMADO</p> <p>(b)(6)</p>			
<b>TOTAL A PAGAR</b>	<b>\$15.26</b>		

GUÍA PARA OBJECCION DE CARGOS: POR DISPOSICION DE LA LEY 33 DEL 27 DE JUNIO DE 1985, TIENE HASTA LA FECHA DE VENCIMIENTO PARA PAGAR U OBJECCION, Y SOLICITAR UNA INVESTIGACION SOBRE CUALQUIER CARGO QUE NO HAYA SIDO FACTURADO PREVIAMENTE. SI NO PAGA NI UTILIZA EL PROCEDIMIENTO DE LA OBJECCION DE CARGOS, EL SERVICIO PODRA SER SUSPENDIDO DESPUES DE LA FECHA DE VENCIMIENTO. PARA MAYOR INFORMACION PUEDE LLAMAR AL CENTRO DE SERVICIO AL CLIENTE O VISITAR LA OFICINA COMERCIAL QUE LE PRESTA EL SERVICIO.

INVOICE OBJECTION GUIDE: BY DISPOSITION OF LAW 33 OF JUNE 27, 1985, YOU HAVE UP TO THE DUE DATE TO PAY OR OBJECT AND REQUEST AN INVESTIGATION REGARDING ANY CHARGE NOT PREVIOUSLY BILLED. IF NO PAYMENT IS MADE AND IF THE PROCEDURES FOR OBJECTION ARE NOT FOLLOWED, SERVICE MAY BE SUSPENDED AFTER THE DUE DATE. FOR MORE INFORMATION PLEASE CALL OUR CUSTOMER SERVICE CENTER OR VISIT THE COMMERCIAL OFFICE WHERE YOUR SERVICE IS PROVIDED.

**787-620-AGUA**  
METRO 2 4 8 2

**1-877-411-AGUA**  
ISLA 2 4 8 2

TALON DE PAGO - DESPESNA POR ESTA FACTURACION





Diversified  
Collection  
Services, Inc.

December 14, 2004

(b)(6)

RE: NOTICE OF INTENT TO GARNISH

(b)(6)

### **Extension of Deadline for Submitting Documentation**

This notice is in response to your written Request for Hearing on your objection(s) to the Notice of Intent to Garnish that you were just sent by the Department of Education. We have been requested by the Department to obtain the information described here from you in order to expedite your hearing.

The Notice of Intent to Garnish explained that you are responsible for providing evidence to support any objection(s) you make to garnishment. The Notice also explained that, with some exceptions, the Department would consider only the evidence you submitted with your Request for Hearing. You have provided no evidence or documentation to support the objection(s) you raised in your Request for Hearing.

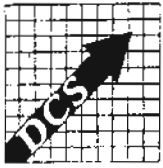
You must make a hearing request in writing, and send it to ED at the address on the enclosed Request for Hearing (RFH) form. If your request is postmarked or received by us within 30 calendar days of the date of this notice, we will not garnish until we complete the requested hearing and determine that garnishment is justified. If your request for hearing is postmarked (if mailed) or received (if not mailed) after that date, we will still conduct a hearing but we will not delay this garnishment unless you demonstrate to us that the delay was caused by factors over which you had no control. If we find that the debt is not owed as stated or not enforceable at this time, we will refund payments as needed.

The Department extends until 1/9/05, the deadline for submitting evidence "only" to support the objections you raised in your Request for Hearing.

We then must forward your Request for Hearing and any material we have received from you by that date to the Department's Administrative Wage Garnishment Hearings Branch, we will conduct the hearing you requested on your objections, based on that material and the Department's own records regarding your debt. Unless you submit material to support your objections, the Department advises that it may find that your objection(s) are not substantiated and that the debt is fully enforceable by garnishment at this time. If you have any evidence or documentation to support your objection(s) that you want the Department to consider, please forward that material promptly to the following address:

**U.S. Department of Education c/o Diversified Collection Services, Inc**  
**PO Box 5239, Grants Pass, OR 97527-0239**  
**Phone (888) 335-6267 Fax (541) 955-0861 or 955-0928**

You may contact the Department's Customer Service Number at 1-800-621-3115 to request the appropriate financial disclosure form or discharge application or go to the Department's website at: <http://www.ed.gov/offices/OSFAP/DCS>, select Forms, and then download the appropriate application or form to present your objection. You may also complete and return the enclosed form(s) for other objections. If you filed bankruptcy over ten (10) years ago, please provide the case number, date of filing, location filed, and a copy of the Notice of Discharge. If you move before you receive a response, please provide a change of address and telephone number where we may contact you. If you have any further questions, you may contact your Contract Service Representative at (888) 335-6267.



Diversified  
Collection  
Services, Inc.

December 14, 2004

(b)(6)

RE: NOTICE OF INTENT TO GARNISH

ACCOUNT NO: (b)(6)

(b)(6)

Your Request for Hearing lacked evidence/documentation that may support the objections you raised to garnishment. The missing evidence is checked below. The notice states the extended deadline date to provide this evidence to support your objections. If you cannot supply the evidence by the deadline date, you may request an extension of time to provide that evidence. Make that request to this office, and explain why you need added time. ED will notify you whether the request is approved and the new deadline. The evidence you provide should be forwarded to the address listed below. Submitting evidence does not guarantee that your objection is proven. ED evaluates any evidence you provide in order to determine whether your objection is proven.

US Department of Education c/o Diversified Collection Services, Inc  
P.O. Box 5239, Grants Pass, OR 97527-9908  
Phone (888) 335-6267 Fax (541) 955-0861 or 955-0928

The evidence checked-off below is requested:

<p><b><u>Financial Hardship Documentation</u></b></p> <p><input type="checkbox"/> Financial Disclosure Statement</p> <p><input type="checkbox"/> Two most recent Pay Stubs</p> <p><input type="checkbox"/> Two most recent Spousal Pay Stubs</p> <p><input type="checkbox"/> Proof of All Listed Expenses over \$100.00/month</p> <p><input type="checkbox"/> Proof of Childcare Expenses (see attached form)</p> <p><input type="checkbox"/> Last Year Completed 1040 Tax Return</p> <p><input type="checkbox"/> Proof of Medical Expenses</p> <p><input type="checkbox"/> Proof of binding voluntary agreements to pay obligations for taxes or family support</p> <p>If any proof does not show the monthly amount paid, you must state the amount you are paying per month. You should also provide the date you expect the expense to be paid off.</p>	<p><b><u>Completed Discharge Application For:</u></b></p> <p><input type="checkbox"/> Closed School Discharge Application</p> <p><input type="checkbox"/> Unauthorized Signature Discharge Application</p> <p><input type="checkbox"/> 2 Copies of Original Signatures made within 1 year of date promissory note was signed</p> <p><input type="checkbox"/> Three other Specimens of Original Signatures</p> <p><input checked="" type="checkbox"/> Ability to Benefit Discharge Application</p> <p><input type="checkbox"/> Unpaid Refund Application</p> <p><input type="checkbox"/> Total and Permanent Disability Application</p> <p><input type="checkbox"/> Proof of Bankruptcy Filing and Discharge</p>
<p><b><u>Evidence to Support Balance Dispute</u></b></p> <p><input type="checkbox"/> Proof of Missing Credits (copies of front and back of checks/traced money orders)</p> <p><input type="checkbox"/> Proof of Payment in Full</p> <p><input type="checkbox"/> Proof of Repayment Agreement</p> <p><input type="checkbox"/> Documentation Supporting Reduction of Balance</p>	<p><b><u>Miscellaneous Information</u></b></p> <p><input type="checkbox"/> Proof of Involuntary Termination</p> <p><input type="checkbox"/> Proof of date started current employment</p> <p><input type="checkbox"/> Proof of Temporary Unemployment</p> <p><input type="checkbox"/> Copy of Driver License</p> <p><input type="checkbox"/> Copy of Social Security Card</p> <p><input type="checkbox"/> Copy of Birth Certificate</p>

[Account Detail](#) || [Full Transaction History](#) || [Debt Summary](#) || [Payment History](#) || [Payment Arrangement Summary](#) || [Post Transactions](#) || [Requesting Letter](#) || [OnLine Requested Letter\(s\) Status](#)

## Full Transaction History

Account Name

(b)(6)

Filter By

Full Transaction

Click on table columns to sort by Ascending or Descending order

Date/Time	TCode	Description	UserID	T
12-22-2004 15:44	DRdA018XXD	Rec'd Outgoing Documentation - Reviewed * Financial Hardship Calculator Worksheet	13761	M
12-22-2004 15:34	DRcA018XXD	AWG-Rec'd Outgoing Documentation * 2004-12-22-00.00.00.000000	13761	M
12-22-2004 13:47	MNeR020XXD	New Phone Number *	13761	O
12-15-2004 09:40	DRdA018XXD	Rec'd Outgoing Documentation - Reviewed * req for hearing sent	15988	M
12-14-2004 15:39	DRcA018XXD	AWG-Rec'd Outgoing Documentation * 2004-12-14-00.00.00.000000	13761	M
12-14-2004 14:04	MApA501XXD	AWG Request for Hearing - Hardship * also claims ATB	13761	A
12-14-2004 14:04	DRdA010XXD	AWG-Req for Hearing Form - Reviewed * ***AWG RFH REC'D, PM DATE 12/7/04, THR***	13761	M
12-13-2004 16:13	DRcA010XXD	AWG-Request for Hearing Form Received * 2004-12-13-00.00.00.000000	13761	M
12-01-2004 15:38	TCoR504RPD	Subsequent Contact   Refuses to Pay * brr claims he did a deferment	15343	C
12-01-2004 15:36	TRsR502XXD	Debtor Left Message on Voice Mail *	15343	O
11-23-2004 16:12	IMaK039XXX	Address Search - Match *	15343	T
11-12-2004 15:48	SAPa003XXD	AWG Approved * For AWG vol pmts need pstubs, signed repayment agreement letter and first pmt by response deadline of 12/15/04.	14788	A
11-12-2004 13:00	SAPa502XXD	Pending AWG Approval *	14105	A
11-12-2004 13:00	SAPa004XXD	AWG - Account Review - Audit for Approval Complete *	14105	A
11-11-2004 13:46	RMoA001XXD	AWG - Resume Activity *	14788	A
11-07-2004 21:28	LSnR149XXD	Sent, Financial Statement Letter * The Letter Request is processed on 2004-11-07-00.00.00.000000 is sent to   ARIST CHAVIER B-34 APT305 PONCE PR 00728	0	L
11-05-2004 11:48	TAtR502XXD	Attempt   No Answer *	15343	O
11-02-2004 15:57	SMoA518XXD	AWG Account Review Suspended * 1g ws	14788	A
11-02-2004 10:53	PMoA004XXD	AWG - Account Review - Audit for Suspend Complete * 1g	14105	A

10-29-2004 10:54	TXxA010XXE	AWG - Payroll Address Confirmed * use address on file	14788	A
10-29-2004 10:53	TBuR503XXE	Attempt   Busy *	14788	O
10-29-2004 10:53	TAtR504XXE	Attempt   Other - No Message * disconnected	14788	O
10-27-2004 14:26	SAPa001XXD	AWG - Account Review - Audit for Approval * ws	14788	A
10-27-2004 14:26	RMoA001XXD	AWG - Resume Activity *	14788	A
10-26-2004 20:38	LSnR132XXD	Sent, Warning Letter (Priority/Univ) * The Letter Request is processed on 2004-10-26-00.00.00.000000 is sent to (b)(6)	0	L
10-26-2004 14:52	TAtR501XXD	Attempt   Answering Machine - No Message *	15343	O
10-25-2004 16:38	TAtR505XXD	Attempt * daughter sd brr not in at this time	15343	O
10-12-2004 00:23	LSnR241XXD	Sent, Compromise/Rehab Letter after Contact * The Letter Request is processed on 2004-10-11-00.00.00.000000 is sent to (b)(6)	0	L
10-12-2004 00:17	LSnR149XXD	Sent, Financial Statement Letter * The Letter Request is processed on 2004-10-11-00.00.00.000000 is sent to (b)(6)	0	L
10-11-2004 16:59	MMoA510XXD	Account Cancelled from AWG Todays Work Bin *	14788	A
10-05-2004 11:48	MMoR512XXD	Account Removed from Asset Inv/Skiptrace Bin *	15343	O
10-05-2004 11:48	TAtR505XXD	Attempt * brr not in office current ly emp here out to lunch	15343	O
10-04-2004 15:21	MMoR511XXD	Account Scheduled to Asset Inv/Skiptrace Bin * doc att to reach brr at work	15343	O
10-04-2004 15:09	SMoA518XXD	AWG Account Review Suspended * 1a,1b,1g,1f ws	14788	A
10-04-2004 15:07	WXxX001XXD	AWG-Additional Comments * Im cltr 1wrk atmpt	14788	O
10-04-2004 15:04	MMoA509XXD	Account Scheduled to AWG Todays Work Bin * fs	14788	A
10-04-2004 15:04	MMoA509XXD	Account Scheduled to AWG Todays Work Bin * ci	14788	A
10-04-2004 08:41	TRsA004XXD	Refer for AWG Review *	15343	A
10-04-2004 08:41	MMoR512XXD	Account Removed from Asset Inv/Skiptrace Bin *	15343	O
10-04-2004 08:41	TAtR505XXD	Attempt * joylin torres in pyrll confirmed brr current employed as handyman makes 1275. per month	15343	O
10-04-2004 08:40	MMoR501XXE	Modify Employer Information *	15343	O
10-04-2004 08:38	MNeR020XXD	New Phone Number *	15343	O
10-02-2004 07:43	TCoR504RPD	Subsequent Contact   Refuses to Pay * brr very argumentative sd he will not pay this debt	15343	C
09-30-2004				



16:12	MMoR511XXD	Account Scheduled to Asset Inv/Skiptrace Bin * pyrll add	15343	O
09-29-2004 21:52	LSnR139XXD	Sent. Transfer Letter (Initial Demand) - Univ/Sens * The Letter Request is processed on 2004-09-29-00.00.00.000000 is sent to (b)(6)	0	L
09-29-2004 20:55	LSnR142XXD	Sent, Refuses To Pay Letter * The Letter Request is processed on 2004-09-29-00.00.00.000000 is sent to (b)(6)	0	L
09-29-2004 20:39	LSnR017XXD	Sent, Call Letter * The Letter Request is processed on 2004-09-29-00.00.00.000000 is sent to (b)(6)	0	L
09-29-2004 10:55	INoK520XXX	No Match, Ad Hoc Directory Lookup (Residential) *	15343	T
09-29-2004 10:55	INoK520XXX	No Match, Ad Hoc Directory Lookup (Residential) *	15343	T
09-29-2004 09:11	INoK039XXR	Address Search - No Match *	15343	T
09-29-2004 09:10	MMoR024XXD	Modify Address *	15343	O
09-29-2004 09:06	IMaK602EXD	Experian Full Credit Report - Match *	15343	T
09-29-2004 09:05	MBdR019XXD	Good to Bad Phone Number *	15343	O
09-29-2004 09:04	IMaK530XXD	Match, Full Telephone Match *	15343	T
09-28-2004 21:06	LSnR139XXD	Sent. Transfer Letter (Initial Demand) - Univ/Sens * The Letter Request is processed on 2004-09-28-00.00.00.000000 is sent to (b)(6)	0	L
09-28-2004 14:57	TCoR504NCP	Subsequent Contact   No Commitment * brr gv perm to speak w/ jazmin wanted info on pymt	15343	C
09-28-2004 14:51	MMoR024XXD	Modify Address *	15343	O
09-28-2004 14:50	MNeR501XXP	New Rep Name *	15343	O
09-27-2004 23:50	LSnR139XXD	Sent. Transfer Letter (Initial Demand) - Univ/Sens * The Letter Request is processed on 2004-09-27-00.00.00.000000 is sent to (b)(6)	0	L
09-27-2004 13:32	TCoR501NCD	First Demand Contact   No Commitment * gv demand to spouse sd brr at work, will hv him c/b	15343	C
09-27-2004 13:31	MMoR020XXD	Modify Phone Number *	15343	O
09-27-2004 13:31	MMoR020XXD	Modify Phone Number *	15343	O
09-27-2004 13:29	MNeR017XXS	New Name *	15343	O
09-27-2004 13:29	MNeR501XXE	New Employer Information *	15343	O
09-27-2004 13:28	MSwR501XXD	Switch Debtor Phones *	15343	O
09-27-2004 13:28	MBdR019XXD	Good to Bad Phone Number *	15343	O

09-27-2004 13:28	MNeR020XXD	New Phone Number *	15343	O
09-27-2004 13:28	INoK530XXD	No Match, Full Telephone Match *	15343	T
09-27-2004 13:28	MNeR020XXD	New Phone Number *	15343	O
09-27-2004 13:28	IMaK530XXD	Match, Full Telephone Match *	15343	T
09-27-2004 13:27	MNeR020XXD	New Phone Number *	15343	O
09-27-2004 13:25	MNeR017XXD	New AKA *	15343	O
09-27-2004 13:25	MNeR024XXD	New Address *	15343	O
09-27-2004 13:24	MNeR020XXD	New Phone Number *	15343	O
07-16-2004 09:06	MBdR023XXD	Good to Bad Address * Return Mail (b)(6)	0	O
07-16-2004 09:06	DRcR547XXD	Return Mail - No Forwarding Address (Debtor) - not scanned * Return Mail ILR139 (b)(6)	0	M
07-14-2004 18:03	LUcC022XXD	Unable to Send, Rehabilitation Letter * Bad Address Information Processed	0	L
07-14-2004 12:08	MBdR023XXD	Good to Bad Address * Return Mail (b)(6)	0	O
07-14-2004 12:08	DRcR547XXD	Return Mail - No Forwarding Address (Debtor) - not scanned * Return Mail ILR148 (b)(6)	0	M
06-23-2004 07:00	LSnR148XXD	Sent, Compromise/Collection Cost Settlement Letter (Priority) * The Letter Request is processed on 2004-06-22-00.00.00.000000 is sent to (b)(6)	0	L
06-02-2004 20:47	LSnR139XXD	Sent, Transfer Letter (Initial Demand) - Univ/Sens * The Letter Request is processed on 2004-06-02-00.00.00.000000 is sent to (b)(6)	0	L
06-01-2004 08:15	INoK008XXD	NCOA - No Match *	0	T
05-31-2004 17:54	IRdK601XXD	Account Ranking Completed * Ranking Completed	0	T
05-31-2004 17:54	IMaK602TUD	Trans Union Full Credit Report - Match * Credit Search Finished With Hit	0	T
05-29-2004 00:55	MMoR005XXD	One Work Schedule Record Created for Debtor *	0	O
05-28-2004 16:59	MMoR006XXD	Debtor Record Added * New debtor and 2 loans added	0	O
05-28-2004 16:59	MNeR039XXD	Account Assigned to DCS (Request New Work Schedule) * New work load to be created for 2 loans	0	O



**FEDERAL  
STUDENT AID**

*We Help Put America Through School*

October 17, 2005

(b)(6)

(b)(6)

SSN:  
DEBT:

(b)(6)

SCHOOL: American Career Training  
Travel School and  
American Career Training  
Travel School

Dear

(b)(6)

This letter acknowledges receipt of your sworn statement that was received by the Department of Education (the Department), requesting the discharge of your Guaranteed Student Loans (GSL), because you indicated that your signature was forged on the application and promissory notes for attendance at the school referenced above.

You indicated on your application that you did not sign the Application/Promissory Note, and you did not attend Robert Fiancé Hair Design Institute or American Career Training Travel School.

However, after a review of your application and the samples that you provided, I have concluded that the contested signature on each of the loan documents in question is authentic. Furthermore, based upon this evidence I have determined that you do not qualify for a discharge of the above referenced loans under the Unauthorized Signature regulations, CFR §682.402(e).

Since you stated on the loan discharge application that you did not attend Robert Fiancé Hair Design Institute or American Career Training Travel School, you may be eligible for a loan discharge due to an unpaid refund. For a review and possible discharge of your student loan due to an Unpaid Tuition Refund, please complete and return the enclosed application to:

50 United Nations Plaza, San Francisco, CA 94102

1-800-621-3115

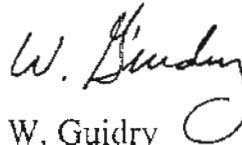
[www.studentaid.ed.gov](http://www.studentaid.ed.gov)

U. S. Department Of Education  
Borrower Services/Closed School  
Loan Discharge Applications  
P. O. Box 422037  
San Francisco, CA 94142

This decision covers only the Guaranteed Student Loan held by the Department listed above that was obtained to attend United College. The Department has made no determination regarding loan (s) that are held by other guaranty agencies, servicers, lenders, or educational institutions. If you believe that you may be eligible for discharge of other loans, you should contact the holder of those loans.

For any additional information please call 1-800-621-3115.

Sincerely,



W. Guidry  
Loan Analyst  
Loan Service Branch

Enclosure





# LOAN DISCHARGE APPLICATION: UNAUTHORIZED SIGNATURE/UNAUTHORIZED PAYMENT

OMB No. 1845-0015  
Form Approved  
Exp. Date 05/30/2005

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information. If you are a PLUS borrower, check this box:

SSN (b)(6)

Name (b)(6)

Address (b)(6)

City, State, Zip (b)(6)

Telephone - Home (b)(6)

Telephone - Other (b)(6)

E-mail address (optional) (b)(6)

## SECTION 2: STUDENT INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with item 3. If you are a PLUS borrower, begin with item 1.

- Student's name (last, first, middle initial): (b)(6)
- Student's SSN: (b)(6)
- School's name: No Idea the name but I believe is some Robert Somethi
- School's address (street, city, state, zip): Unknown
- Dates of attendance at the school: From      -      - N/A To      -      -       Did not attend
- Did you sign the application, promissory note, master promissory note (MPN), or combined application/promissory note for your loan(s)?  Yes  No  
If No, on which document(s) did someone else sign your name?  Application  Promissory note  MPN  Combined application/promissory note
- Did you endorse each loan check or sign your name on each electronic funds transfer authorization or master check authorization?  
 Yes  No  Does Not Apply  
If No, on which document(s) did someone else sign your name?  loan check  electronic funds transfer authorization  master check authorization  
If No, did you (or, for PLUS borrowers, the student) ever receive any money from the school, or did the school ever reduce the amount of money that you (or, for PLUS borrowers, the student) owed to the school?  Yes  No  Don't Know If Yes, explain (give dates, amounts, and circumstances):  
N/A

If No or Don't Know, explain how you (or, for PLUS borrowers, the student) paid the tuition and fees owed to the school:

I DID NOT ATTEND ANY SUCH SCHOOLS

- If you answered No to item 6 or item 7, do you know who signed your name on the document(s) checked in item 6 or 7?  
 Yes  No If Yes, identify the person who signed your name on the document(s):  
School employee or representative (name and position): N/A N/A  
Other person (name): N/A  
Provide any other information about the circumstances under which another person signed your name: N/A

**IMPORTANT:** If you did not sign your name on one of the documents listed in item 6 or item 7, you must attach documents containing four other samples of your signature in addition to the signature on this application. At least two of these samples must clearly show that your signatures were written within one year before or after the date of the document on which someone else signed your name. Examples of documents that would include both a signature sample and the date that the signature was written include—but are not limited to—cancelled checks, tax returns, and driver's licenses. If you do not provide these signature samples, you cannot be considered for a loan discharge.

- Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know  
If Yes, give the amount and explain why the money was refunded: \_\_\_\_\_
- Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know If yes, please provide the following information:  
(a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received:  
N/A

(b) Amount/status of claim: N/A

(c) Amount of payment received: \$ N/A  
(Write "none" if no payment was received.)

## SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: (b)(6)

Date: 8-9-05



FEDERAL STUDENT AID  
*We Help Put America Through School*

August 4, 2005

(b)(6)

RE: SSN (b)(6)  
(b)(6)

Dear (b)(6)

This letter acknowledges receipt of your sworn statement requesting discharge of Federal Family Education Loans due to an unauthorized signature.

Your application for loan discharge under the Unauthorized Signature regulations CFR §682.402(e), is being returned to you for the following reasons:

Information regarding the school and attendance on the discharge application is incomplete.

Student borrowers requesting loan discharge due to the unauthorized endorsement of a promissory note, loan check or electronic funds transfer are required to provide five different authentic specimens of his or her signature, two of which were made within one year of the contested signature. Without the authentic signature specimens, a determination cannot be made regarding the validity of the contested signature.\*

**Please return the attached discharge application with your signature specimens.**

Section \_\_\_\_\_ of the discharge application is illegible.

You did not put a date on the application

Other

\*If you cannot provide the required signature samples, you may, at your own expense, retain the services of a handwriting expert. If this expert determines that the signature on the contested loan documents is not yours, we will reconsider our decision. The handwriting expert must write to this office on their letterhead and provide a detailed explanation of their analysis.

If you have any questions or desire additional assistance please contact our customer service at 1-800-621-3115 or Winnie Guidry, Loan Analyst at (415) 487-5034. Or you may visit the official U.S. Department of Education website at <http://www.ed.gov/index.jhtml>

Sincerely,

Loan Analyst

Enclosure

50 United Nations Plaza, San Francisco, CA 94102

1-800-621-3115

[www.studentaid.ed.gov](http://www.studentaid.ed.gov)

(b)(6)

AUG 04 2005



# LOAN DISCHARGE APPLICATION: UNAUTHORIZED SIGNATURE/UNAUTHORIZED PAYMENT

OMB No. 1845-0015  
Form Approved  
Exp. Date 06/30/2005

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please (b)(6) check this box:   
SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home ( )  
Telephone - Other ( )  
E-mail address (optional) (b)(6)

## SECTION 2: STUDENT INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

- Student's name (b)(6)
- Student's SSN: (b)(6)
- School's name: \_\_\_\_\_
- School's address (street, city, state, zip): \_\_\_\_\_
- Dates of attendance at the school: From \_\_\_\_\_ To \_\_\_\_\_  Did not attend
- Did you sign the application, promissory note, master promissory note (MPN), or combined application/promissory note for your loan(s)?  Yes  No  
If No, on which document(s) did someone else sign your name?  Application  Promissory note  MPN  Combined application/promissory note
- Did you endorse each loan check or sign your name on each electronic funds transfer authorization or master check authorization?  
 Yes  No  Does Not Apply  
If No, on which document(s) did someone else sign your name?  loan check  electronic funds transfer authorization  master check authorization  
If No, did you (or, for PLUS borrowers, the student) ever receive any money from the school, or did the school ever reduce the amount of money that you (or, for PLUS borrowers, the student) owed to the school?  Yes  No  Don't Know If Yes, explain (give dates, amounts, and circumstances): \_\_\_\_\_

If No or Don't Know, explain how you (or, for PLUS borrowers, the student) paid the tuition and fees owed to the school:

**I DID NOT ATTEND ANY SUCH SCHOOLS**

- If you answered No to Item 6 or Item 7, do you know who signed your name on the document(s) checked in Item 6 or 7?  
 Yes  No If Yes, identify the person who signed your name on the document(s):  
School employee or representative (name and position): \_\_\_\_\_  
Other person (name): \_\_\_\_\_  
Provide any other information about the circumstances under which another person signed your name: \_\_\_\_\_

**IMPORTANT:** If you did not sign your name on one of the documents listed in Item 6 or Item 7, you must attach documents containing four other samples of your signature in addition to the signature on this application. At least two of these samples must clearly show that your signatures were written within one year before or after the date of the document on which someone else signed your name. Examples of documents that would include both a signature sample and the date that the signature was written include—but are not limited to—cancelled checks, tax returns, and driver's licenses. If you do not provide these signature samples, you cannot be considered for a loan discharge.

- Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know  
If Yes, give the amount and explain why the money was refunded: \_\_\_\_\_
- Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know If yes, please provide the following information:  
(a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received: \_\_\_\_\_

(b) Amount/status of claim: \_\_\_\_\_ (c) Amount of payment received: \$ \_\_\_\_\_  
(Write "none" if no payment was received.)

## SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION 4: INSTRUCTIONS FOR COMPLETING THE FORM

Type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "January 31, 2002" = "01-31-2002"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages.

Send the completed form and any attachments to the address in Section 8.

#### SECTION 5: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- The holder of a borrower's FFEL Program loan(s) may be a lender, a guaranty agency, or the U.S. Department of Education (the Department). The holder of a borrower's Direct Loan Program loan(s) is the Department.
- Unauthorized signature means that the school, without the borrower's authorization, signed the borrower's name on a loan application or promissory note.
- Unauthorized payment means that the school, without the borrower's authorization, endorsed the borrower's loan check or signed the borrower's authorization for electronic funds transfer or master check, and did not give the loan proceeds to the borrower or apply the loan proceeds to charges owed by the student to the school.
- Loan discharge due to an unauthorized signature on a loan application or promissory note cancels the obligation of a borrower (and endorser, if applicable) to repay the remaining balance on a FFEL Program or Direct Loan Program loan, and qualifies the borrower for reimbursement of any amounts paid voluntarily or through forced collection on the loan. Discharge due to an unauthorized signature on a loan check, electronic funds transfer authorization, or master check authorization applies only to the amount of the unauthorized payment. For consolidation loans, only the loan amounts associated with the document listed in Section 2, Item 6 or Item 7, will be considered for discharge. The loan holder reports the discharge to all credit reporting agencies to which the holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a tuition recovery program or performance bond.

#### SECTION 6: TERMS AND CONDITIONS FOR LOAN DISCHARGE

- The school identified in Section 2 of this form received FFEL Program or Direct Loan Program loan funds on or after January 1, 1986, for me to attend (or, if I am a PLUS borrower, for the student to attend) the school. I am applying for a discharge of my FFEL Program or Direct Loan Program loan(s) because the loan application, promissory note, master promissory note, combined application/promissory note, loan disbursement check, electronic funds transfer authorization, or master check authorization were not authorized for the reasons stated in this application.
- I will provide, upon request, testimony, a sworn statement, or other documentation reasonably available to me that demonstrates to the satisfaction of the Department or its designee that I meet the qualifications for loan discharge based on unauthorized signature/unauthorized payment, or that supports any representation that I made on this form or on any accompanying documents.
- I agree to cooperate with the Department or its designee regarding any enforcement actions related to my request for loan discharge.
- I understand that my request for loan discharge may be denied, or my discharge may be revoked, if I fail to provide testimony, a sworn statement, or documentation upon request, or if I provide testimony, a sworn statement, or documentation that does not support the material representations I have made on this form or on any accompanying documents.
- I further understand that if my loan(s) is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.
- I hereby assign and transfer to the Department any right to a refund on the discharged loan(s) that I may have from the school identified in Section 2 of this form and/or any owners, affiliates, or assigns of the school, and from any third party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).

#### SECTION 7: IMPORTANT NOTICES

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §428(b)(2)(A) et seq. and §451 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(a) et seq. and 20 U.S.C. 1067a et seq.) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies; to other federal agencies under computer matching programs; to agencies that we authorize to assist us in administering our loan programs; to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0015. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4551.

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 8).

#### SECTION 8: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:



(b)(6)

August 1, 2005

United State Department Of Educations  
Debt. Collection Services  
Loan Discharge Applications  
P.O. Box 422037  
San Francisco, California 94142

To Whom It May Concerns:

This is to reiterate that I have not signed any promissory nor have I participated in any of said schools not any loans. I did attend schools at the Passaic Community College, in Paterson NJ, however it was paid for by the state of New Jersey Welfare Program. In 1984 I was a victim of a mugging in the city Of New York however because of the robbery did not include anything of value other than my Social Security card, Driver License birth certificated And my Welfare I.D., the police department only advised to get them replaced at the respective agencies. In the documents my signature although similar but is not my own nor does it match my handwriting.

Again I'm Requesting the return of my hard earned money that I am entitled to. This is a fraud in which I had not part in. I am not the culprit I am the victim.

Sincerely,

(b)(6)

***SUGGESTIONS ON WHERE TO OBTAIN  
SIGNATURE SPECIMENS - must be signed and dated***

Internal Revenue Service (IRS)

(b)(6)

State tax agency

Bankruptcy Court

Other governmental agencies: city/county/state/federal

Associations/Clubs/Memberships/Fraternal Organizations

Union Membership

Banks/Credit Unions: cancelled checks/ promissory notes/  
loan agreements/ other personal business/credit application

A contract or business agreement

Current or previous employers:

request for tax withholding/official business letters

Telephone Company

Gas and Electric company

Mortgage Company

Rental agreement

Schools: Registrars Office

Hospital/Clinic/Medical Records

Insurance Companies: life/auto/home/renter's

Attorney/Legal Representative

Family/Personal Records

License: Driver's License/Business License/Other Licenses

Department of Motor Vehicles: Vehicle Registration

Library

Public Assistance

Unemployment Benefits

Birth Certificate of a child

Wedding License

Death Certificate of a loved one

(b)(6)

(b)(6)

(b)(6)

August 9, 2005

United State Department Of Educations  
Debt. Collection Services  
Loan Discharge Applications  
P.O. Box 422037  
San Francisco, California 94142

To whom it may concern:

I am Sending the request papers which is 5 items with my signature and also the application the now is completed and a copy of the letter you sent me. I don't have anything to hide hopefully this letters will clear my signature situation. Also I want to let you know that who ever did it also did some debt in my name and thanks the alls those debt came to me and I cleared all. This situation is intolerable.

I'm feel this way why I have to pay for something I didn't do.

(b)(6)



FEDERAL  
STUDENT AID

We Help Put America Through School

August 4, 2005

(b)(6)

RE: SSN (b)(6)  
(b)(6)

Dear (b)(6)

This letter acknowledges receipt of your sworn statement requesting discharge of Federal Family Education Loans due to an unauthorized signature.

Your application for loan discharge under the Unauthorized Signature regulations CFR §682.402(e), is being returned to you for the following reasons:

Information regarding the school and attendance on the discharge application is incomplete.

Student borrowers requesting loan discharge due to the unauthorized endorsement of a promissory note, loan check or electronic funds transfer are required to provide five different authentic specimens of his or her signature, two of which were made within one year of the contested signature. Without the authentic signature specimens, a determination cannot be made regarding the validity of the contested signature.\*

**Please return the attached discharge application with your signature specimens.**

\_\_\_ Section \_\_\_ of the discharge application is illegible.

You did not put a date on the application

\_\_\_ Other

\*If you cannot provide the required signature samples, you may, at your own expense, retain the services of a handwriting expert. If this expert determines that the signature on the contested loan documents is not yours, we will reconsider our decision. The handwriting expert must write to this office on their letterhead and provide a detailed explanation of their analysis.

If you have any questions or desire additional assistance please contact our customer service at 1-800-621-3115 or Winnie Guidry, Loan Analyst at (415) 487-5034. Or you may visit the official U.S. Department of Education website at <http://www.ed.gov/index.jhtml>

Sincerely,

Loan Analyst

Enclosure

50 United Nations Plaza, San Francisco, CA 94102

1-800-621-3115

[www.studentaid.ed.gov](http://www.studentaid.ed.gov)





**IMPORTANT NOTICE TO ALL VOTERS  
 AVISO IMPORTANTE PARA TODOS LOS VOTANTES**

It is a felony to vote in a precinct you don't live in. Notify Elections Office of ANY change of name, residence address or party affiliation within Orange County. Your signature is required.

Es un delito votar en un precinto en el cual no vive. Notifique a la Oficina de Elecciones de CUALQUIER cambio de nombre, dirección residencial o afiliación política dentro del Condado de Orange. Su firma es un requisito.

**BILL COWLES  
 SUPERVISOR OF ELECTIONS  
 P.O. BOX 562001  
 ORLANDO, FL 32856  
 407-836-2070**

**BILL COWLES  
 Orange County  
 Supervisor of Elections**



**VOTER IDENTIFICATION CARD  
 TARJETA DE IDENTIFICACIÓN DEL VOTANTE**

This is an information card only, not a valid identification for other purposes. It is NOT needed to vote, nor is it an authorization to vote.

Esta tarjeta sólo sirve para proveer información. No debe utilizarse como una forma de identificación. No necesita la tarjeta para poder votar. La tarjeta no le da autorización para votar.

(b)(6)

COUNTY PRECINCT CONDADO PRECINTO				
337				
CONGRESS CONGRESO	FL SENATE SENADO ESTATAL	FL HOUSE CÁMARA ESTATAL	COUNTY CONDADO	SCHOOL JUNTA DE EDUCACIÓN
24	24	35	3	1

Printed 06/21/2004

ID # 960058458

NÚMERO DE IDENTIFICACIÓN

(b)(6)

(b)(6)

REPUBLICAN

(b)(6)

SIGNATURE  
FIRMA

**Polling Place Information:** Sample ballots mailed with map/directions prior to election and at [www.oc elections.com](http://www.oc elections.com). Listed in newspapers prior to election day.  
**Información sobre los Centros de Votación Temprana:** Papeletas de muestra son enviadas por correo con un mapa/direcciones antes de las elecciones y están disponibles por internet [www.oc elections.com](http://www.oc elections.com). También habrá una lista en el periódico antes de las elecciones.

THE LAW OFFICES OF

(b)(6)

(b)(6)

Page Two

6. In the event the attorney is required to bring any formal action against me for collection of fees or costs, I agree to pay a reasonable attorney's fee plus costs and lawful interest on said debt incurred in the litigation for collection thereof.

7. I acknowledge the duty to keep The Law Offices of JAMES RICHARD HOOPER, P.A. informed of all changes of address and agree that all obligations of The Law Offices of JAMES RICHARD HOOPER, P.A. shall be satisfied by sending any notices to the last address provided in writing by said client. I further understand that, IF I fail to comply, The Law Offices of JAMES RICHARD HOOPER, P.A. is hereby authorized, at any time, with their sole discretion, to withdraw as my representative immediately upon giving notice to the agency which is processing my claim at that particular time.

8. We have both received signed copies of this agreement.

9. THE CLAIMANT ACKNOWLEDGED THAT NO GUARANTEE AS TO THE ULTIMATE SUCCESS OR OUTCOME OF THIS REPRESENTATION HAS BEEN MADE BY THE ATTORNEY.

DATED at (b)(6) (city) (b)(6) (county),  
Florida this the 8 day of April, 2003

(b)(6)

(b)(6)

SOCIAL SECURITY NUMBER

**IT IS IMPORTANT THAT YOU CAREFULLY READ AND FOLLOW THE INSTRUCTIONS ON THIS SHEET**

<b>GENERAL INSTRUCTIONS:</b>	<input type="checkbox"/> <b>ADDITIONAL INSTRUCTIONS:</b> <input type="checkbox"/> None
<p>◆ Anesthetics and other medications you received may make you feel lightheaded, dizzy or sleepy, and may also affect your judgment following your procedure. This feeling will slowly wear off, but for at least 24 hours after discharge:</p> <p>a. <b>DO NOT</b> drive a motor vehicle; operate heavy machinery or power tools</p> <p>b. <b>DO NOT</b> drink alcoholic beverages (including beer).</p> <p>c. <b>DO NOT</b> make any important business decisions or sign legal papers.</p> <p>d. <b>TAKE</b> medication(s) as directed by your pharmacist.</p> <p>e. <b>IF A CHILD:</b></p> <ol style="list-style-type: none"> <li><b>NO</b> bike riding, skateboards, playing on gym sets, or any other activity that may be harmful.</li> <li>for the ride home today have child strapped in a car seat or in a seat belt.</li> </ol> <p>◆ Progress slowly to regular diet as tolerated. It is better to start with liquids such as ginger ale or apple juice, then soup and crackers and gradually solid foods.</p> <p>◆ Certain anesthetics and pain medication may produce nausea and vomiting. If nausea becomes a problem, call your physician.</p> <p>Call your physician for:</p> <ol style="list-style-type: none"> <li>Excessive drainage or bleeding.</li> <li>Increase in temperature (101 or higher), and / or increase in pain or foul drainage odor. These symptoms of infection usually become apparent in 36 - 48 hours.</li> <li>Any difficulty with breathing.</li> <li>Pain not relieved by prescribed medication.</li> </ol>	<p align="center"><b>REQUIRED AT EAST ORLANDO</b></p> <ol style="list-style-type: none"> <li>Change dressing in _____ days. <input type="checkbox"/> N/A</li> <li>Diet: _____ <input type="checkbox"/> N/A</li> <li>Activity until seen by physician: <input type="checkbox"/> N/A       <ul style="list-style-type: none"> <li><input type="checkbox"/> Rest at home <input type="checkbox"/> No strenuous activity</li> <li><input type="checkbox"/> Return to normal activity</li> </ul> </li> <li>Bath / Shower: <input type="checkbox"/> N/A       <ul style="list-style-type: none"> <li><input type="checkbox"/> After seen by physician</li> <li><input type="checkbox"/> Return to normal in _____ days.</li> </ul> </li> </ol> <hr/> <p>Physician Signature (only if additional instructions given by physician)</p> <p>Follow up visit with Dr. (b)(6)</p> <p>Office number: _____</p> <p><input type="checkbox"/> Call office for an appointment @ _____ in _____ days / wk</p> <p><input type="checkbox"/> Scheduled follow up visit:</p> <p>DATE: ____/____/____ TIME: _____ AM/PM</p> <p>If any questions, call: _____</p> <p><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <b>PERSONAL MEDS RETURNED</b></p> <p><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <b>VALUABLES RETURNED</b></p> <p>May we contact you after discharge? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Phone number at which you can be reached between 9a.m. and 5 p.m.</p>

As you agreed at admission, a responsible person will be present or available to assist the patient for at least 24 hours after being discharged. If any problems occur or if you have any further questions, you or the responsible person should **CONTACT THE PHYSICIAN IMMEDIATELY**.

**IF THE PHYSICIAN CANNOT BE REACHED**, or you or the responsible person feel a physician's attention is needed immediately, **GO TO THE NEAREST EMERGENCY ROOM** for evaluation and treatment or, if 911 service is available in your area, call 911.

<p><input type="checkbox"/> <b>PATIENT /</b> <input type="checkbox"/> <b>RESPONSIBLE PERSON:</b></p> <p><input type="checkbox"/> HAVE READ THE ABOVE INSTRUCTIONS.</p> <p><input type="checkbox"/> ALL QUESTIONS HAVE BEEN ANSWERED TO MY / OUR SATISFACTION.</p> <p><input type="checkbox"/> CORRECTLY RESTATES INSTRUCTIONS / TEACHING.</p> <p><input type="checkbox"/> CORRECTLY RETURNS DEMONSTRATION.</p> <p><input type="checkbox"/> RECEIVED COPY OF DISCHARGE INSTRUCTIONS.</p> <p><input type="checkbox"/> N/A <input type="checkbox"/> Yes <b>PRESCRIPTION AND COPY OF PATIENT COUNSELING: DRUG INFORMATION GIVEN / TO</b> <input type="checkbox"/> <b>PATIENT /</b> <input type="checkbox"/> <b>RESPONSIBLE PERSON</b></p> <p><input type="checkbox"/> N/A <input type="checkbox"/> Yes <b>HAVE RECEIVED ADDITIONAL INSTRUCTIONS FROM MY DOCTOR.</b></p>	<p>(b)(6)</p> <p><input checked="" type="checkbox"/> <b>PATIENT /</b> <input type="checkbox"/> <b>RESPONSIBLE PERSON SIGNATURE</b></p> <p>PRINT NAME / RELATIONSHIP</p> <hr/> <p><b>NURSE SIGNATURE</b> _____ <b>DATE</b> _____</p> <p>Patient I.D. (b)(6)</p>
---	--





(b)(6)

(b)(6)

ATTORNEY AT LAW

### AUTHORITY TO REPRESENT

I HEREBY retain the firm of Attorneys Trial Group, as my attorneys to prosecute any and all claims for Personal Injury Protection (PIP) benefits against: STATE FARM as a result of injuries received in an automobile accident on or about the 16 day of December 2003.

IT IS UNDERSTOOD that the law firm of Attorneys Trial Group, is entitled to a reasonable fee for their services rendered to me in the prosecution of my claim. IT IS AGREED that the representation by Attorneys Trial Group, is based on a contingency fee agreement, which entitles Attorneys Trial Group, to attorney's fees pursuant to Florida Statute Section 627.428: said fees are payable only if they are successful in the prosecution of this claim.

IT IS AGREED that I will reimburse the law firm of Attorneys Trial Group, for the costs, plus interest, not reimbursed by my Personal Injury Protection (PIP) carrier. I acknowledge and agree that my attorneys may borrow funds from time to time to pay the costs referred to above and agree that, in addition to reimbursing them for the amount of such costs, I also will reimburse them for any interest charges and related expenses they incur in connection with such borrowings.

DATED this 2 day of January, 2004.

(b)(6)

Client

(b)(6)

**PLEASE REFER TO GUIDELINES BELOW FOR FOLLOW-UP CARE OF YOUR ILLNESS.**

You have been given the patient information sheets checked below. These provide information and instructions to help you better understand your illness and follow-up care. Please read carefully and let us know if you have any questions.

- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Abscess                | <input type="checkbox"/> Cellulitis           | <input type="checkbox"/> Fever (peds)         | <input type="checkbox"/> Kidney stone                  | <input type="checkbox"/> Stomatitis                  |
| <input type="checkbox"/> Abdominal pain (adult) | <input type="checkbox"/> Chest pain           | <input type="checkbox"/> Febrile Seizures     | <input type="checkbox"/> Lice                          | <input type="checkbox"/> Swimmers ear                |
| <input type="checkbox"/> Abdominal pain (peds)  | <input type="checkbox"/> Chest wall pain      | <input type="checkbox"/> Fracture/sprain      | <input type="checkbox"/> Middle ear infection          | <input type="checkbox"/> Thrush                      |
| <input type="checkbox"/> Allergic reactions     | <input type="checkbox"/> Chickenpox           | <input type="checkbox"/> Gastritis/ heartburn | <input type="checkbox"/> Miscarriage                   | <input type="checkbox"/> Upper respiratory infection |
| <input type="checkbox"/> Animal bite            | <input type="checkbox"/> Conjunctivitis       | <input type="checkbox"/> Head injury          | <input type="checkbox"/> Neck pain                     | <input type="checkbox"/> Urinary tract infection     |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Constipation         | <input type="checkbox"/> Headache             | <input type="checkbox"/> Nosebleed                     | <input type="checkbox"/> Vaginal bleeding:           |
| <input type="checkbox"/> Back pain              | <input type="checkbox"/> Contusion            | <input type="checkbox"/> Heat related illness | <input type="checkbox"/> Scabies                       | <input type="checkbox"/> Non-pregnant                |
| <input type="checkbox"/> bronchiolitis          | <input type="checkbox"/> Croup                | <input type="checkbox"/> Hemorrhoids          | <input type="checkbox"/> Seizures                      | <input type="checkbox"/> Pregnant                    |
| <input type="checkbox"/> Bronchitis-pneumonia   | <input type="checkbox"/> Dental infec/injury  | <input type="checkbox"/> Hemia                | <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Vertigo                     |
| <input type="checkbox"/> Burns                  | <input type="checkbox"/> Derma-bond           | <input type="checkbox"/> Human bite           | <input type="checkbox"/> Shingles                      | <input type="checkbox"/> Vomiting/diarrhea (peds)    |
| <input type="checkbox"/> Bursitis               | <input type="checkbox"/> Diaper rash          | <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Sinusitis                     | <input type="checkbox"/> Vomiting/diarrhea (adult)   |
| <input type="checkbox"/> Cast and splint care   | <input type="checkbox"/> Eye injury/infection | <input type="checkbox"/> Hyperventilation     | <input type="checkbox"/> Sore throat                   | <input type="checkbox"/> Wound/suture care           |
| <input type="checkbox"/> Other: _____           | <input type="checkbox"/> Fever (adult)        | <input type="checkbox"/> Hypoglycemia         |  | <input type="checkbox"/> X-ray pickup sheet          |

**Important:** You have been treated on an emergency basis. This is not a substitute for complete medical care. Follow-up is essential.

**Follow-up Instructions:**

Call your Primary care doctor for follow-up. See your doctor or get referral to appropriate specialist, if none, See Dr. \_\_\_\_\_

Phone number: \_\_\_\_\_

When? 3-4 day(s) or as needed.

An appointment was not made. You will need to call the doctors office. Call today or as soon as possible for an appointment. Tell them at the doctor's office that you were seen in the Emergency Department. Contact us if you are having problems with follow-up. Your doctor may wish to see your x-rays or test results. Please inquire about this when making your appointment.

Return immediately to Emergency Department if condition worsens (i.e. pain, vomiting, bleeding, fever, trouble breathing).

Cultures may have been obtained and results should be available in 3 days. Call the Emergency Dept. for results.

- Suture/staple removal in \_\_\_\_\_ days.
- You should return to the Emergency Department in \_\_\_\_\_ for recheck.  Copy chart recheck file.

**Medications:** You have been given the following prescription listed below. Follow the prescription instructions.

*Loxapine*  
*Skelaxin*

**Medications may cause drowsiness \*\*\*\*\* Do not drive or participate in hazardous activity**

**Notice:** X-rays, EKG's, and cultures results are reviewed and become official after you leave. You will be notified if final results vary from what you were told. **Please be sure we have your correct local phone number and address.**

**Additional Instructions:**

\_\_\_\_\_

Do you have any religious/cultural practices, which may alter your care or education?

Yes  No Describe if yes:

I have been given the above instructions, understand them, and have been given a copy of the above. I may call the Emergency department at any time should I have questions or need further assistance.

**Do not sign if you do not understand the above instructions or have not received the above instruction sheets or prescriptions.**

X (Patient or authorized signature) \_\_\_\_\_

Interpreter used, verbal instructions given by:

(b)(6)

Instructions given by (signature): *DM*  
\_\_\_\_\_  
I understand verbalizes understanding instructions.  Yes  No

- FLORIDA HOSPITAL EMERGENCY DEPARTMENT HEADS
- Altamonte (407) 303-2230
  - East Orlando (407) 281-8667
  - Winter Park (407) 646-7320
  - Apopka (407) 889-1032
  - Kissimmee (407) 933-6632
  - Celebration Health(407) 303-4034
  - Orlando (407) 303-1940

(b)(6)



**FLORIDA HOSPITAL EMERGENCY DEPARTMENT DISCHARGE INSTRUCTIONS**  
Part of permanent record/original with chart/copy with patient

Poor Source Original

(b)(6)

Lease Agreement

(b)(6)

Mailing Address: (b)(6)

THIS INSTRUMENT made and entered into this 25 day of January, 2003 by and between (b)(6) (b)(6), Hereinafter referred to as LANDLORD, and (b)(6) (b)(6)

**Description:**

WHEREFORE, for and in consideration of the mutual covenants contained herein, the parties hereto agree as follows:

The LANDLORD and/or Owner hereby leases or rents to the TENANT the following described Premises (b)(6)

Term: The initial term of this agreement shall begin February 1, 2003 and end on March 31, 2004 at the agreed gross rental (together with any all sales and/or governmentally imposed taxes that may become due and payable) in the amount of:

Rent: \$ 9840.00, payable as follows:  
\$ 820.00 due on or before the 1st day each calendar month for the duration of the Lease, payable to the LANDLORD starting February 1, 2003

**Late Payments and Returned Checks:**

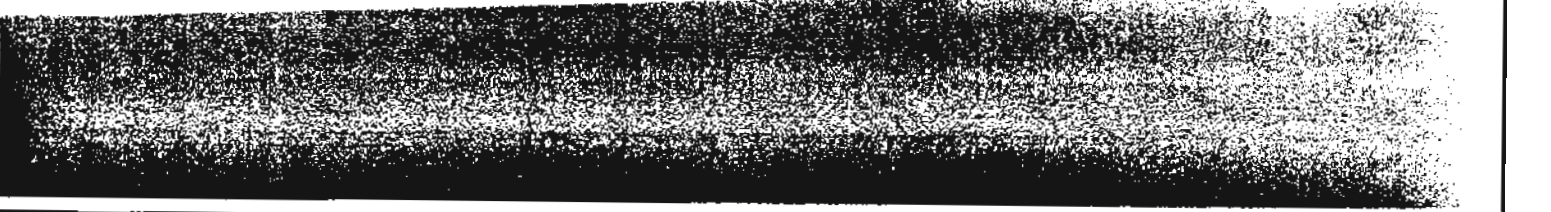
Time is of the essence! The rent amount stated above is discounted rent and is due and payable ON OR BEFORE the 1<sup>st</sup> day of each calendar month. THEREFORE, if rent is not received in the offices or by mail by the (1<sup>st</sup>) day of each month that rent is due, TENANT agrees that the rent amount of \$860.00 becomes due and payable. Any Check returned by the bank for nonpayment will not resubmitted and MUST BE REPLACED IMMEDIATELY by Money Order, Certified Check, Cashier's Check or Cash together with payment of a \$20.00 NSF fee, plus applicable tax. Also the rent will automatically be considered late and the additional late amount shown above will apply. Should more than one check be returned for nonpayment during the term of the tenancy, all payments of rent, etc.. from that time forward shall be paid ONLY in the form of Money Order, Certified Check, Cashier's Check or Cash.

**Quiet Enjoyment**

The LANDLORD and/or Owner covenants with the TENANT that the TENANT upon paying the rent when due as aforesaid, shall peaceably and quietly use, occupy and posses said premises for the full term of this Lease Agreement without let, hindrance, eviction, molestation or interruption whatever, except as provided below, and said TENANT covenants with LANDLORD as follows:

**TENANT Agrees:**

- A. To pay said rent when due pursuant to the terms of this Lease Agreement.
- B. To comply with all obligations imposed upon TENANT by applicable provisions of building, housing and health codes.
- C. To keep that part of the premises which he uses and occupies in a clean and sanitary condition.
- D. To remove from the dwelling unit all garbage and debris in a clean and sanitary manner, placing same in appropriate receptacles, and to comply with all present and future laws, orders and regulations of all present and future laws, orders and regulations of all state, federal, municipal and local governments, departments, commissions and boards regarding the collection, sorting, separation and recycling of waste products, garbage, refuse and trash. TENANT agrees to sort and separate such items into categories as provided by law, and in accordance with the rules and regulations adopted by LANDLORD for the sorting and separation of such designated recycle material. TENANT agrees to pay all costs, expenses, fines, penalties or damages imposed on TENANT, LANDLORD or Owner by reason of TENANT'S failure to comply with this paragraph



(b)(6)

This instrument has been prepared by the Owner.

In witness whereof, the parties hereto have caused their hands and seals to be affixed on the date first written above.

Witnesses:

(b)(6)

As To Tenant:

(b)(6)

Lic. # \_\_\_\_\_

(b)(6)

Lic.# \_\_\_\_\_

LANDLORD:

(b)(6)  
Owner: \_\_\_\_\_

Owner

(b)(6)

As To Tenant:

Lic. # \_\_\_\_\_

Notary: \_\_\_\_\_

(b)(6)



(b)(6)





# LOAN DISCHARGE APPLICATION: SCHOOL CLOSURE

OMB No. 1845-0015  
Form Approved  
Exp. Date 08/31/2006

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program / Federal Perkins Loan Program

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other (b)(6)  
E-mail (optional) (b)(6)

## SECTION 2: STUDENT INFORMATION

Before completing this section, carefully read the entire form, including the instructions, definitions, and terms and conditions in Sections 4, 5, and 6 on this form. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with item 1.

1. Student's name (last, first, middle initial): (b)(6)
2. Student's SSN: (b)(6)
3. Closed school's name: Robert Fiance Hair Design 00751500
4. Date school closed (if known):
5. Closed school's address (street, city, state, zip): 2435 Grand Concourse Bronx NY 10468
6. Dates of attendance at the closed school: From 05-11-1987 To 06-15-1987
7. Name of the program of study that you (or, for PLUS borrowers, the student) were enrolled in at the time the school closed: Hair Design
8. Did you (or, for PLUS borrowers, the student) complete the program of study at the closed school?  Yes  No  
If No, check all reasons that apply:
- The school closed while you (or, for PLUS borrowers, the student) were still enrolled.
- You (or, for PLUS borrowers, the student) withdrew from the school on:
- You (or, for PLUS borrowers, the student) were on an approved leave of absence when the school closed:  
From            To
- Other (please explain):
9. Did you (or, for PLUS borrowers, the student) complete or are you in the process of completing the program of study or a comparable program of study at another school?  
 Yes  No If Yes, complete Item a) and b) below:
- a) Did the other school give you (or, for PLUS borrowers, the student) credit for training received at the closed school by allowing transfer of credits or hours earned at the closed school, or by any other means?  Yes  No
- b) Were you (or, for PLUS borrowers, the student) required to start the program of study over from the beginning at the other school?  Yes  No
10. Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know  
If Yes, give the amount and explain why the money was refunded:
11. Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know If Yes, please provide the following information:
- (a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received:
- (b) Amount/status of claim:
- (c) Amount of payment received: \$             
(Write "none" if no payment was received)

## SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature: (b)(6) Date: 08/20/07

## Undergrad Xpress Loan MASTER PROMISSORY NOTE

### J. NOTICES

1. I will send written notice to you, or any subsequent holder of this Note, within ten days after any change in my name, address, or college enrollment status.
2. Any notice required to be given to me by you will be effective when mailed by first class mail to the latest address you have for me. Unless required by applicable law, you need not give a separate notice to the cosigner, if any.

### K. PRIVACY

1. You may report information about my account to credit bureaus. Late payments, missed payments or other defaults on my account may be reflected in my credit report.
2. I must update the information on my Application whenever you ask me to do so.
3. I authorize you from time to time to request and receive from others credit related information about me (and about my spouse if I live in a community property state).

### L. ADDITIONAL AGREEMENTS

1. I understand that you are located in Ohio and that this Note will be entered into in the same state. CONSEQUENTLY, THE PROVISIONS OF THIS NOTE WILL BE GOVERNED BY FEDERAL LAW AND OHIO LAW, WITHOUT REGARD TO CONFLICT OF LAW RULES.

2. The proceeds of this loan will be used only for my educational expenses at the school listed on the Application. The Cosigner, if any, will not receive any of the loan proceeds.

3. I understand that I must repay this Note though I may be less than 18 years of age when the Application is signed.

4. My responsibility for paying this Note is unaffected by the liability of any other person to me or by your failure to notify me that a required payment has not been made. You may delay, fail to exercise, or waive any of your rights on any occasion without losing your entitlement to exercise the right at any future time, or on any future occasion. You will not be obligated to make any demand upon me, send me any notice, present this Note to me for payment or make protest of non-payment to me before suing to collect on this Note if I am in default, and to the extent permitted by applicable law, I hereby waive any right I might otherwise have to require such actions. Without losing any of your rights under this Note, you may accept late payments or partial payments. I WILL NOT SEND YOU PARTIAL PAYMENTS MARKED "PAID IN FULL," "WITHOUT RECOURSE" OR WITH OTHER SIMILAR LANGUAGE UNLESS THOSE PAYMENTS ARE MARKED FOR SPECIAL HANDLING AND SENT TO AMERICAN EDUCATION SERVICES, PO BOX 2251, HARRISBURG, PA 17105-2251 OR TO SUCH OTHER ADDRESS AS I MAY BE GIVEN IN THE FUTURE.

5. I may not assign this Note or any of its benefits or obligations. You may assign this Note at any time.

6. The terms and conditions set forth in my Note constitute the entire agreement between you and me.

7. If any provision of this Note is held invalid or unenforceable, that provision shall be considered omitted from this Note without affecting the validity or enforceability of the remainder of this Note.

8. A provision of this Note may only be modified if jointly agreed upon in writing by you and me. Any modification will not affect the validity or enforceability of the remainder of this Note.

9. I authorize any school that I may attend to release to other persons designated by you, any requested information pertinent to this loan (e.g. enrollment status, prior loan history, and current address).

10. I authorize my lender, subsequent holder, or their agents to: (1) advise my school of the status of my Application; (2) respond to inquiries from prior or subsequent lenders or holders with respect to my Note and related documents; (3) release information and make inquiries to the persons I have listed in my loan Application as references, for the purposes of learning my current address and telephone number; (4) check my credit and employment history and to answer questions about their credit experience with me.

11. Waiver by Lender. You waive (give up) any right to claim a security interest in any property to secure this Note. This does not affect any right to offset as a matter of law.

12. Dischargeability. I acknowledge that my loan is made pursuant to an education loan program that is funded in whole or in part by the Lutheran Education Assistance Resource Network, a non-profit corporation. I therefore understand that my loan may be subject to the limitations on dischargeability in bankruptcy established by Section 523(a)(8) of the U.S. Bankruptcy Code.

### M. BORROWER'S CERTIFICATION

I declare under penalty of perjury under the laws of the United States of America that the following is true and correct. I, certify that the information contained in my Application and Note is true, complete and correct to the best of my knowledge and belief and is made in good faith. I certify that the proceeds of this loan will be used for educational purposes for the academic period stated in my loan Application at the school named on the Application. I understand that I am responsible for repaying immediately any funds that I receive which are not to be used or are not used for educational expenses related to attendance at the school for the academic period stated.

### N. STATE DISCLOSURE NOTICES

**IOWA AND KANSAS RESIDENTS:** For purposes of the following notice, the word "you" refers to the Borrower and the Cosigner, not the lender; NOTICE TO CONSUMER. This is a consumer credit transaction. 1. DO NOT SIGN THIS NOTE BEFORE YOU READ THIS NOTE. 2. YOU ARE ENTITLED TO A COPY OF THIS PAPER. 3. YOU MAY PREPAY THE UNPAID BALANCE AT ANY TIME WITHOUT PENALTY AND MAY BE ENTITLED TO A REFUND OF UNEARNED CHARGES IN ACCORDANCE WITH LAW.

**CALIFORNIA RESIDENTS:** I have the right to prohibit the use of information contained in my credit file in connection with transactions not initiated by me. I may exercise this right by notifying the consumer credit reporting agency. A married applicant may apply for a separate account. If you take any adverse action as defined by Section 1785.3 of the California Civil Code and the adverse action is based, in whole or in part, on any information contained in a consumer credit report, I have the right to obtain within 60 days a free copy of my consumer credit report from the consumer reporting agency who furnished you my consumer credit report and from any other consumer credit reporting agency which compiles and maintains files on consumers on a nationwide basis. I have the right as described by Section 1785.16 of the California Civil Code to dispute the accuracy or completeness of any information in a consumer credit report furnished by the consumer credit reporting agency.

**NEW YORK, RHODE ISLAND AND VERMONT RESIDENTS:** A consumer report (credit report) may be obtained from a consumer reporting agency (credit bureau) in connection with this loan. If I request (1) I will be informed whether or not consumer reports were obtained, and (2) if reports were obtained, I will be informed of the names and addresses of the credit bureaus that furnished the reports. If you agree to make this loan to me, a consumer credit report may be requested or used in connection with renewals or extensions of any credit for which I have applied, reviewing my loan, taking collection action on my loan, or legitimate purposes associated with my loan.

**MISSOURI RESIDENTS:** Oral agreements or commitments to loan money, extend credit or to forbear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable. To protect me (borrower(s)) and you (creditor) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

**NEVADA RESIDENTS:** This is a loan for study.

**OHIO RESIDENTS:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

**WISCONSIN RESIDENTS:** For married Wisconsin residents, my signature on this Note confirms that this loan obligation is being incurred in the interest of my marriage or family. No provision of any marital property agreement (pre-marital agreement), unilateral statement under Section 766.59 or court decree under Section 766.70 adversely affects the interest of the lender unless the lender, prior to the time that the loan is approved, is furnished with a copy of the agreement, statement, or decree or has actual knowledge of the adverse provision when the obligation to the lender is incurred. If the loan for which I am applying is granted, my spouse will also receive notification that credit has been extended to me.

**NEW JERSEY RESIDENTS:** The section headings of this Note are a table of contents and not contract terms. Portions of this Note with references to actions taken to the extent of applicable law apply to acts or practices that New Jersey law permits or requires. In this Note, acts or practices (i) by you which are or may be permitted by "applicable law" are permitted by New Jersey law, and (ii) that may or will be taken by you unless prohibited by "applicable law" are permitted by New Jersey law.

### O. STATE-SPECIFIC COSIGNER NOTICES:

For the purposes of the following notices only, the words "you" and "your" refer to the Cosigner, where applicable, not to the lender.

#### FOR OBLIGORS COSIGNING IN WEST VIRGINIA: NOTICE TO COSIGNER:

You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility. You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount. The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become a part of your credit record. This notice is not the contract that makes you liable for the debt.

#### FOR OBLIGORS COSIGNING IN IOWA, NEW YORK AND SOUTH CAROLINA: NOTICE TO COSIGNER:

You agree to pay the debt identified below although you may not personally receive any property, goods, services or money. You may be sued for payment although the person who receives the property, goods, services, or money is able to pay. You should know that the Total of Payments listed below does not include finance charges resulting from delinquency, late charges, repossession or foreclosure costs, court costs or attorney's fees, or other charges that may be stated in the Note or contract. You will also have to pay some or all of these costs and charges if the Note or contract, the payment of which you are guaranteeing requires the borrower to pay such costs and charges. This notice is not the Note or contract that obligates you to pay the debt. Read the Note or contract for the exact terms of your obligation.

#### IDENTIFICATION OF DEBT(S) YOU MAY HAVE TO PAY

Name of Debtor: The Borrower and Cosigner identified on the first page of this Note.

Name of Creditor: Liberty Bank, N.A., and its successors and assigns.

Date: If the loan is disbursed by check, the date of the check. If the loan is disbursed electronically, the date the creditor transmits the funds to the School.

Kind of Debt: Education loan.

Total of Payments: The Loan Amount Requested set forth on the first page of this Note (to the extent advanced), plus interest and the Loan Origination Fee set forth in this Note.

#### FOR OBLIGORS COSIGNING IN VERMONT: NOTICE TO COSIGNER:

YOUR SIGNATURE ON THIS APPLICATION/PROMISSORY NOTE MEANS THAT YOU ARE EQUALLY LIABLE FOR REPAYMENT OF THIS LOAN. IF THE BORROWER DOES NOT PAY, THE LENDER HAS A LEGAL RIGHT TO COLLECT FROM YOU.

#### FOR OBLIGORS COSIGNING IN CALIFORNIA: NOTICE TO COSIGNER (Traducción en Inglés Se Requiere Por La Ley):

You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility.

You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount. The holder of the loan can collect this debt from you without first trying to collect from the borrower. The holder of the loan can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become part of your credit record.

This notice is not the contract that makes you liable for the debt.

#### AVISO PARA EL FIADOR (Spanish Translation Required by Law):

Se le está pidiendo que garantice esta deuda. Pídeselo con cuidado antes de ponerse de acuerdo. Si la persona que ha pedido este préstamo no paga la deuda, usted tendrá que pagarla. Este seguro de que usted podrá pagar si sea obligado a pagarla y de que usted desea aceptar la responsabilidad.

Si la persona que ha pedido el préstamo no paga la deuda, es posible que usted tenga que pagar la suma total de la deuda, mas los cargos por tardarse en el pago o el costo de cobranza, lo cual aumenta el total de esta suma.

El acreedor (financiero) puede cobrarle a usted sin, primeramente, tratar de cobrarle al deudor. Los mismos métodos de cobranza que pueden usarse contra el deudor, podran usarse contra usted, tales como presentar una demanda en corte, quitar parte de su sueldo, etc. Si alguna vez no se cumple con la obligación de pagar esta deuda, se puede incluir esa información en la historia de crédito de usted.

Este aviso no es el contrato mismo en que se le echa a usted la responsabilidad de la deuda.







# LOAN DISCHARGE APPLICATION: SCHOOL CLOSURE

OMB No. 1845-0015  
Form Approved  
Exp. Date 03/31/2008

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program / Federal Perkins Loan Program

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

### SECTION 1: BORROWER IDENTIFICATION

Please enter or request the following information:

SSN: (b)(6)

Name: (b)(6)

Address: (b)(6)

City, State, Zip: (b)(6)

Telephone - Home: (b)(6)

Telephone - Other: (b)(6)

E-mail (optional): (b)(6)

### SECTION 2: STUDENT INFORMATION

Before completing this section, carefully read the entire form, including the instructions, definitions, and terms and conditions in Sections 4, 5, and 6 on this form. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

- Student's name (last, first, middle initial): (b)(6)
- Student's SSN: (b)(6)
- Closed school's name: Wilfred Academy
- Date school closed (if known): 12/8/07  
10/1/07
- Closed school's address (street, city, state, zip): \_\_\_\_\_
- Dates of attendance at the closed school: From \_\_\_\_\_ To \_\_\_\_\_
- Name of the program of study that you (or, for PLUS borrowers, the student) were enrolled in at the time the school closed: Wilfred Academy
- Did you (or, for PLUS borrowers, the student) complete the program of study at the closed school?  Yes  No  
If No, check all reasons that apply:
  - The school closed while you (or, for PLUS borrowers, the student) were still enrolled.
  - You (or, for PLUS borrowers, the student) withdrew from the school on: \_\_\_\_\_
  - You (or, for PLUS borrowers, the student) were on an approved leave of absence when the school closed:  
From \_\_\_\_\_ To \_\_\_\_\_
  - Other (please explain): \_\_\_\_\_
- Did you (or, for PLUS borrowers, the student) complete or are you in the process of completing the program of study or a comparable program of study at another school?  Yes  No. If Yes, complete item a) and b) below:
  - Did the other school give you (or, for PLUS borrowers, the student) credit for training received at the closed school by allowing transfer of credits or hours earned at the closed school, or by any other means?  Yes  No
  - Were you (or, for PLUS borrowers, the student) required to start the program of study over from the beginning at the other school?  Yes  No
- Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know  
If Yes, give the amount and explain why the money was refunded: \$500
- Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know. If Yes, please provide the following information:
  - Name/address/telephone number of the party with whom the claim was made or from whom payment was received: \_\_\_\_\_
  - Amount/status of claim: \_\_\_\_\_
  - Amount of payment received: \$ \_\_\_\_\_  
(Write "none" if no payment was received.)

### SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: (b)(6) \_\_\_\_\_ Date: 6.3.07



#### SECTION 4: INSTRUCTIONS FOR COMPLETING THE APPLICATION

Type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "January 31, 2006" = "01-31-2006"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages.

Sign and date the form. Then, send the completed form and any attachments to the address in Section 8.

#### SECTION 5: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- The Federal Perkins Loan (Perkins Loan) Program includes Federal Perkins Loans and National Direct Student Loans (NDSL).
- The date a school closed is the date that the school stopped providing educational instruction in all programs, as determined by the U.S. Department of Education (the Department).
- The holder of a borrower's FFEL Program loan(s) may be a lender, a guaranty agency, or the Department. The holder of a borrower's Direct Loan Program loan(s) is the Department. The holder of a borrower's Perkins Loan Program loan(s) may be the Department or a school.
- Loan discharge due to school closure cancels the obligation of a borrower (and endorser, if applicable) to repay the remaining balance on a FFEL Program, Direct Loan Program, or Perkins Loan Program loan, and qualifies the borrower for reimbursement of any amounts paid voluntarily or through forced collection on the loan. For consolidation loans, only the amount of the underlying loans (the loans that were consolidated) that were used to pay for the program of study listed in Item 7 will be considered for discharge. The loan holder reports the discharge to all credit reporting agencies to which the holder previously reported the status of the loan.
- The student refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Dates of attendance: The "to" date means the last date that you (or, for PLUS borrowers, the student) actually attended the closed school.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a tuition recovery program or performance bond.

#### SECTION 6: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON SCHOOL CLOSURE

- I received FFEL Program, Direct Loan Program, or Perkins Loan Program loan funds on or after January 1, 1986, to attend (or, if I am a PLUS borrower, for the student to attend) the school identified as "closed school" in Section 2 of this form. Those funds were either received by me directly, or applied as a credit to the amount owed to the school. I (or, if I am a PLUS borrower, the student) was enrolled at that school or on an approved leave of absence on the date that it closed, or withdrew from the school not more than 90 days before it closed (or longer if authorized by the Department). Due to the school's closure, I (or, if I am a PLUS borrower, the student) did not complete the program of study at that school. I (or, if I am a PLUS borrower, the student) did not complete and am not in the process of completing that program of study or a comparable program at another school by transferring credits or hours earned at the closed school to another school, or by any other means by which I (or, if I am a PLUS borrower, the student) benefited from the training provided by the closed school.
- I will provide, upon request, testimony, a sworn statement, or other documentation reasonably available to me that demonstrates to the satisfaction of the Department or its designee that I meet the qualifications for loan discharge based on school closure, or that supports any representation that I made on this form or on any accompanying documents.
- I agree to cooperate with the Department or its designee regarding any enforcement actions related to my request for loan discharge.
- I understand that my request for loan discharge may be denied, or my discharge may be revoked if I fail to provide testimony, a sworn statement, or documentation upon request, or if I provide testimony, a sworn statement, or documentation that does not support the material representations I have made, or if I (or, if I am a PLUS borrower, the student) completed or am in the process of completing the program of study or a comparable program at another school through transfer of credits or hours from the closed school or by any other means by which I (or, if I am a PLUS borrower, the student) benefited from the training provided by the closed school.
- I further understand that if my loan(s) are discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.
- I hereby assign and transfer to the Department any right to a refund on the discharged loan(s) that I may have from the school identified in Section 2 of this form and/or any owners, affiliates, or assigns of the school, and from any third party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).

#### SECTION 7: IMPORTANT NOTICES

**Privacy Act Disclosure Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you: The authorities for collecting the requested information from and about you are §428(b)(2)(A) et seq., §451 et seq. and §461 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) et seq., 20 U.S.C. 1087a et seq., and 20 U.S.C. 1087aa et seq.) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, or the Federal Perkins Loan (Perkins Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL, Direct Loan, and/or Perkins Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to financial and educational institutions, to guaranty agencies, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0015. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this application, please write to: U.S. Department of Education, Washington, DC 20202-4651.

If you have questions regarding the status of your individual submission of this application, contact your loan holder (see Section 8).

#### SECTION 8: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 12/31/2007

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please print the following information:  
 SSN (b)(6)  
 Name (b)(6)  
 Address (b)(6)  
 City, State, ZIP (b)(6)  
 Telephone - Home (b)(6)  
 Telephone - Other (b)(6)  
 E-mail (optional) (b)(6)

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with Item 3a. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1. Student's name (last, first, middle initial): (b)(6)  
 2. Student's SSN (b)(6)  
 3a. School's name: Robert fiance Hair Design  
 3b. School's address (street, city, state, zip): Fulton St Brooklyn NY.  
 4. Is this school still open?  Yes  No  Don't Know  
 5. If this school is closed, were you (or, for PLUS borrowers, was the student) attending the school when it closed?  Yes  No  
 6a. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school?  Yes  No  
 6b. Has this school or any third party (see the definition of "third party" in Section 6, on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered?  Yes  No  
 7. If your answers to Items 6a and 6b are "No," skip to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge, refund or payment, if known. Use a separate sheet of paper if you need to report more than one discharge, refund or payment.  
 7a. Reason for discharge, refund or payment:  
 7b. From whom did you request the discharge, refund or payment (include telephone number)?  
 7c. Amount you received or that you expect to receive: \$

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete Items 8 through 13. If you are unable to provide any of the requested information, write "Don't Know."

8. What amount do you believe the school owes you? \$  
 9. Why do you believe the school owes you this amount?  
 10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school: \_\_\_\_\_ to \_\_\_\_\_ OR  Never Attended  
 11. Your (or, for PLUS borrowers, the student's) program of study at the school:  
 12. Items 12a and 12b request information about the amount of the school's charges or the amount of the financial aid you received for the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if you received a loan for the winter and spring quarters, provide the total amount for both quarters. If the unpaid refund is for more than one loan and the loans were for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).  
 12a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$  
 12b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$  
 13. Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that—

- I received each loan for which I am requesting a discharge on or after January 1, 1986. I received the loan funds directly, or they were applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or withdrew or was terminated from the school within the timeframe that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, Items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: (b)(6)

Date: 5/09/2007

## SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Before you complete this application, you need to know the following:

- If the school is currently open, you should first contact the school and attempt to resolve the unpaid refund issue before applying for this type of discharge.
- If you (or, for PLUS borrowers, the student) are currently attending the school, you are not eligible for this type of discharge. You should contact the school about the refund that you believe you are owed.
- If you (or, for PLUS borrowers, the student) were enrolled when the school closed or withdrew from the school within 90 days before the school closed and you (or, for PLUS borrowers, the student) did not complete the program of study at another school, you may wish to apply for a closed school loan discharge rather than an unpaid refund discharge. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2005" = "07-01-2005"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

## SECTION 6: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of your loan that should have been refunded. Any accrued interest and other charges on the amount of the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. Your loan holder will report the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- The student (as in "or, for PLUS borrowers, the student") refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program or a holder of a performance bond.

## SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

## SECTION 8: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you.

The authorities for collecting the requested information from and about you are §428(b)(2)(A) of *seq.* and §451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) *et seq.* and 20 U.S.C. 1087a *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to financial and educational institutions, to guaranty agencies, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651.

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 9).

## SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(if no address is shown, return to your loan holder.)

If you need help completing this form, call:





# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 12/31/2007

007515

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

(b)(6)  
  
007515 - \$ 9,426.42

Please print (b)(6) on:  
SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other (b)(6)  
E-mail (optional)

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with Item 3a. If you are a parent borrower, begin with Item 1.

1. Student's name (last, first, middle initial):

(b)(6)

2. Student's SSN:

(b)(6)

3a. School's name:

Robert Fiance

3b. School's address (street, city, state, zip):

272 Duffield Bklyn N.Y.

4. Is this school still open?  Yes  No  Don't Know

5. If this school is closed, were you (or, for PLUS borrowers, was the student) attending the school when it closed?  Yes  No

6a. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school?  Yes  No

6b. Has this school or any third party (see the definition of "third party" in Section 6, on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered?  Yes  No

7. If your answers to Items 6a and 6b are "No," skip to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge, refund or payment, if known. Use a separate sheet of paper if you need to report more than one discharge, refund or payment.

7a. Reason for discharge, refund or payment:

4 Months Pregnant

7b. From whom did you request the discharge, refund or payment (include telephone number):

Don't Remember

7c. Amount you received or that you expect to receive. \$ \_\_\_\_\_ Don't Know

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete Items 8 through 13. If you are unable to provide any of the requested information, write "Don't Know."

8. What amount do you believe the school owes you? \$ \_\_\_\_\_ Don't Know

9. Why do you believe the school owes you this amount?

I did not get the Full amount of Tuition Fee or Grant Money

10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school:

10/9/11 to 1/9/12 to 10/9/11 to 1/2/12 to 1/9/12 OR  Never Attended

11. Your (or, for PLUS borrowers, the student's) program of study at the school: Cosmetologist

12. Items 12a and 12b request information about the amount of the school's charges or the amount of the financial aid you received for the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if you received a loan for the winter and spring quarters, provide the total amount for both quarters. If the unpaid refund is for more than one loan and the loans were for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).

12a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$ \_\_\_\_\_ Don't Remember

12b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$ \_\_\_\_\_ Don't Remember

13. Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that:

I received each loan for which I am requesting a discharge on or after January 1, 1986. I received the loan funds directly, or they were applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.

I (or, for PLUS borrowers, the student) did not attend the school or withdrew or was terminated from the school within the timeframe that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, Items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.

I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.

Under penalty of perjury, I (or, for PLUS borrowers, the student) certify that the information I have provided on this form and any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature: \_\_\_\_\_

Date: 4/16/07



## SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Before you complete this application, you need to know the following:

- If the school is currently open, you should first contact the school and attempt to resolve the unpaid refund issue before applying for this type of discharge.
- If you (or, for PLUS borrowers, the student) are currently attending the school, you are not eligible for this type of discharge. You should contact the school about the refund that you believe you are owed.
- If you (or, for PLUS borrowers, the student) were enrolled when the school closed or withdrew from the school within 90 days before the school closed and you (or, for PLUS borrowers, the student) did not complete the program of study at another school, you may wish to apply for a closed school loan discharge rather than an unpaid refund discharge. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2005" = "07-01-2005"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

## SECTION 6: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of your loan that should have been refunded. Any accrued interest and other charges on the amount of the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. Your loan holder will report the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- The student (as in "or, for PLUS borrowers, the student") refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program or a holder of a performance bond.

## SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

## SECTION 8: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §428(b)(2)(A) et seq. and §451 et seq. of the Higher Education Act of 1995, as amended (20 U.S.C. 1078(b)(2)(A) et seq. and 20 U.S.C. 1067a et seq.) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to financial and educational institutions, to guaranty agencies, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0055. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651.

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 9).

## SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

007515

OMB No. 1545-0058  
Form Approved  
Exp. Date 12/31/2007

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097

## SECTION 1: BORROWER IDENTIFICATION

(b)(6)

Please enter or correct the following information:

SSN (b)(6)

Name (b)(6)

Address (b)(6)

City, State, Zip (b)(6)

Telephone - Home (b)(6)

Telephone - Other (b)(6)

E-mail (optional)

007515-90/15/07

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with Item 3a. If you are a parent borrower, begin with Item 3b.

(b)(6)

2. Student's SSN: (b)(6)

3a. School's name:

Robert Finance

3b. School's address (street, city, state, zip):

Willowby St Brooklyn, N.Y.

4. Is this school still open?  Yes  No  Don't Know

5. If this school is closed, were you (or, for PLUS borrowers, was the student) attending the school when it closed?  Yes  No

6a. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school?  Yes  No

6b. Has this school or any third party (see the definition of "third party" in Section 6, on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered?  Yes  No

7. If your answers to Items 6a and 6b are "No," skip to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge, refund or payment, if known. Use a separate sheet of paper if you need to report more than one discharge, refund or payment.

7a. Reason for discharge, refund or payment:

The money you claim that I owe you, you took from my wife who

7b. From whom did you request the discharge, refund or payment (include telephone number)?

had nothing to do with my loan. Me and my don't live together and don't pay bills together.

7c. Amount you received or that you expect to receive: \$ 2,675.

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete Items 8 through 13. If you are unable to provide any of the requested information, write "Don't Know."

8. What amount do you believe the school owes you? \$ 2,675.

To My wife the money owed, not

9. Why do you believe the school owes you this amount?

To Me.

10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school:

1-9-87 to 1-9-87

OR  Never Attended I don't remember the date or month

11. Your (or, for PLUS borrowers, the student's) program of study at the school:

but it was only for one month I attend the school

12. Items 12a and 12b request information about the amount of the school's charges or the amount of the financial aid you received for the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if you received a loan for the winter and spring quarters, provide the total amount for both quarters. If the unpaid refund is for more than one loan and the loans were for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).

12a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$ 4,000 I attended in 1987

12b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$

13. Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that—

- I received each loan for which I am requesting a discharge on or after January 1, 1986. I received the loan funds directly, or they were applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or withdrew or was terminated from the school within the timeframe that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, Items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief. (b)(6)

Borrower's Signature:

(b)(6)

Date:

3-3-07

## SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Before you complete this application, you need to know the following:

- If the school is currently open, you should first contact the school and attempt to resolve the unpaid refund issue before applying for this type of discharge.
- If you (or, for PLUS borrowers, the student) are currently attending the school, you are not eligible for this type of discharge. You should contact the school about the refund that you believe you are owed.
- If you (or, for PLUS borrowers, the student) were enrolled when the school closed or withdrew from the school within 90 days before the school closed and you (or, for PLUS borrowers, the student) did not complete the program of study at another school, you may wish to apply for a closed school loan discharge rather than an unpaid refund discharge. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2005" = "07-01-2005"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

## SECTION 6: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of your loan that should have been refunded. Any accrued interest and other charges on the amount of the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. Your loan holder will report the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- The student (as in "or, for PLUS borrowers, the student") refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program or a holder of a performance bond.

## SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

## SECTION 8: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §428(b)(2)(A) *et seq.* and §451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) *et seq.* and 20 U.S.C. 1087a *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 1691(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to financial and educational institutions, to guaranty agencies, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651.

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 9).

## SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:



# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

OMB No. 1845-0046  
Form Approved  
Exp. Date 12/31/2007

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both under the U.S. Criminal Code and 20 U.S.C. 1097

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information:

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other ( )  
E-mail (optional)

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with item 3a. If you are a parent borrower applying for a PLUS loan discharge, begin with item 3.

1. (b)(6) (Title) 2. Student's SSN (b)(6)

3a. School's name: Roberta Finck 3b. School's address (street, city, state, zip): Grand Concourse, Bay NY

4. Is this school still open?  Yes  No  Don't Know 5. If this school is closed, were you (or, for PLUS borrowers, was the student) attending the school when it closed?  Yes  No

6a. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school?  Yes  No

6b. Has this school or any third party (see the definition of "third party" in Section 6, on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered?  Yes  No unknown not sure

7. If your answers to Items 6a and 6b are "No," skip to Section 3. If your answer to item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge, refund or payment, if known. Use a separate sheet of paper if you need to report more than one discharge, refund or payment.

7a. Reason for discharge, refund or payment

7b. From whom did you request the discharge, refund or payment (include telephone number)?

7c. Amount you received or that you expect to receive: \$ Debt forgiveness

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete items 8 through 13. If you are unable to provide any of the requested information, write "Don't Know."

8. What amount do you believe the school owes you? \$ 13,922.18

9. Why do you believe the school owes you this amount?  
original loan + interest. money was never used; never attended the school

10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school:  
[ ]-[ ]-[ ]-[ ] to [ ]-[ ]-[ ]-[ ] OR  Never Attended

11. Your (or, for PLUS borrowers, the student's) program of study at the school: Beauty Cosmetology

12. Items 12a and 12b request information about the amount of the school's charges or the amount of the financial aid you received for the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if you received a loan for the winter and spring quarters, provide the total amount for both quarters. If the unpaid refund is for more than one loan and the loans were for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).

12a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$ not sure

12b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$ not sure

13. Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that—

- I received each loan for which I am requesting a discharge on or after January 1, 1986. I received the loan funds directly, or they were applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or withdrew or was terminated from the school within the timeframe that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, Items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, (b)(6) accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: \_\_\_\_\_ Date: 2-17-09



**SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM**

Before you complete this application, you need to know the following:

- If the school is currently open, you should first contact the school and attempt to resolve the unpaid refund issue before applying for this type of discharge.
- If you (or, for PLUS borrowers, the student) are currently attending the school, you are not eligible for this type of discharge. You should contact the school about the refund that you believe you are owed.
- If you (or, for PLUS borrowers, the student) were enrolled when the school closed or withdrew from the school within 90 days before the school closed and you (or, for PLUS borrowers, the student) did not complete the program of study at another school, you may wish to apply for a closed school loan discharge rather than an unpaid refund discharge. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2005" = "07-01-2005"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

**SECTION 6: DEFINITIONS**

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of your loan that should have been refunded. Any accrued interest and other charges on the amount of the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. Your loan holder will report the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- The student (as in "or, for PLUS borrowers, the student") refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program or a holder of a performance bond.

**SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE**

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

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The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to financial and educational institutions, to guaranty agencies, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

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If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 9).

**SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

Send the completed loan discharge application and any attachments to: (If no address is shown, return to your loan holder.)

If you need help completing this form, call:



DEPARTMENT OF THE TREASURY  
 FINANCIAL MANAGEMENT SERVICE  
 P.O. BOX 1686  
 BIRMINGHAM, ALABAMA 35201-1686

THIS IS NOT A BILL - PLEASE RETAIN FOR YOUR RECORDS

02/03/09

(b)(6)

Dear (b)(6)

As authorized by Federal law, we applied all or part of your Federal payment to a debt you owe. The government agency (or agencies) collecting your debt is listed below.

U.S. DEPARTMENT OF EDUCATION  
 FEDERAL OFFSET UNIT  
 P.O. BOX 5227  
 GREENVILLE TX 75403

TIN Num: 060-40 5100  
 TOP Trace Num: (b)(6)  
 Acct Num: (b)(6)  
 Amount This Creditor: \$118.00  
 Creditor: 05 Site: 40

800-621-3115 (800) 621-3115  
 PURPOSE: Non-Tax Federal Debt

The Agency has previously sent notice to you at the last address known to the Agency. That notice explained the amount and type of debt you owe, the rights available to you, and that the Agency intended to collect the debt by intercepting any Federal payments made to you, including tax refunds. If you believe your payment was reduced in error or if you have questions about this debt, you must contact the Agency at the address and telephone number shown above. The U. S. Department of the Treasury's Financial Management Service cannot resolve issues regarding debts with other agencies.

We will forward the money taken from your Federal payment to the Agency to be applied to your debt balance; however, the Agency may not receive the funds for several weeks after the payment date. If you intend to contact the Agency, please have this notice available. Please do not contact the Social Security Administration regarding this reduction made in your Federal payment.

U. S. Department of the Treasury  
 Financial Management Service  
 (800) 304-3107  
 TELECOMMUNICATIONS DEVICE FOR THE DEAF (TDD) (866) 297-0517

**PAYMENT SUMMARY**

PAYEE NAME: (b)(6)  
 PAYMENT BEFORE REDUCTION: \$868.00  
 TOTAL AMOUNT OF THIS REDUCTION: \$118.00  
 PAYING FEDERAL AGENCY: Social Security Administration  
 CLAIM ACCT NUM: (b)(6) C1

PAYEE TIN: (b)(6)  
 PAYMENT DATE: 02/03/09  
 PAYMENT TYPE: EFT  
 BENEFICIARY TIN: (b)(6)

FOR OFFICIAL USE ONLY: 0000047328 F5308300006048519009981517013ALTR-P01SIM0047368

RL1207





# LOAN DISCHARGE APPLICATION: UNAUTHORIZED SIGNATURE/UNAUTHORIZED PAYMENT

OMB No. 1845-0015  
Form Approved  
Exp. Date 06/30/2005

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please check this box   
SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other ( )  
E-mail address (optional)

## SECTION 2: STUDENT INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If you are a student borrower applying for loan discharge, begin with item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with item 1.

- Student's name (last, first, middle initial): N/A
- Student's SSN: [ ]-[ ]-[ ]-[ ]-[ ]-[ ]
- School's name: N/A
- School's address (street, city, state, zip): N/A
- Dates of attendance at the school: From [ ]-[ ]-[ ]-[ ] To [ ]-[ ]-[ ]-[ ]  Did not attend
- Did you sign the application, promissory note, master promissory note (MPN), or combined application/promissory note for your loan(s)?  Yes  No  
If No, on which document(s) did someone else sign your name?  Application  Promissory note  MPN  Combined application/promissory note
- Did you endorse each loan check or sign your name on each electronic funds transfer authorization or master check authorization?  
 Yes  No  Does Not Apply  
If No, on which document(s) did someone else sign your name?  loan check  electronic funds transfer authorization  master check authorization  
If No, did you (or, for PLUS borrowers, the student) ever receive any money from the school, or did the school ever reduce the amount of money that you (or, for PLUS borrowers, the student) owed to the school?  Yes  No  Don't Know If Yes, explain (give dates, amounts, and circumstances):

If No or Don't Know, explain how you (or, for PLUS borrowers, the student) paid the tuition and fees owed to the school:

- If you answered No to item 6 or item 7, do you know who signed your name on the document(s) checked in item 6 or 7?  
 Yes  No If Yes, identify the person who signed your name on the document(s):  
School employee or representative (name and position):  
Other person (name):  
Provide any other information about the circumstances under which another person signed your name:

**IMPORTANT:** If you did not sign your name on one of the documents listed in item 6 or item 7, you must attach documents containing four other samples of your signature in addition to the signature on this application. At least two of these samples must clearly show that your signatures were written within one year before or after the date of the document on which someone else signed your name. Examples of documents that would include both a signature sample and the date that the signature was written include—but are not limited to—cancelled checks, tax returns, and driver's licenses. If you do not provide these signature samples, you cannot be considered for a loan discharge.

- Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know  
If Yes, give the amount and explain why the money was refunded:
- Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know If yes, please provide the following information:  
(a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received:

(b) Amount/status of claim: \_\_\_\_\_ (c) Amount of payment received: \$ \_\_\_\_\_  
(Write "none" if no payment was received.)

## SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: \_\_\_\_\_  
(b)(6)

Date: 02/11/03



U.S. DEPARTMENT OF EDUCATION  
OFFICE OF POSTSECONDARY EDUCATION  
50 UNITED NATIONS PLAZA - REGION IX  
SAN FRANCISCO, CA 94102-4987

SAN FRANCISCO SERVICE CENTER

March 20, 2003

(b)(6)

Re:

(b)(6)

Dear

(b)(6)

This letter acknowledges receipt of your sworn statement requesting discharge of the above referenced loan due to an unauthorized signature.

Your application for loan discharge under the Unauthorized Signature regulations, 34 CFR §682.402(e), is being returned to you for the following reason (s):

Section 2, question 6 & 7 of the discharge application was incomplete and your answers to the questions are unclear. Please explain, "what documents is it that someone signed your name. If you do not answer all of the questions and complete the application; the Department of Education will not be able to review your request for a discharge of the student loan in question.

Student borrowers requesting loan discharge due to the unauthorized endorsement of a loan check or electronic funds transfer are **required to provide five different authentic specimens** of his or her signature, two of which were made within one year of the contested signature. This means that we will need additional signatures, from you, between 07/87 and 07/89, without the requested signature samples, a determination cannot be made regarding the validity of the contested signature.

\_\_\_ Section \_\_\_\_\_ of the discharge application is illegible

\_\_\_ Promissory note was sent under separate cover.

\_\_\_ Promissory note is enclosed.

If you have any questions or desire additional assistance please contact our customer service at 1-800-621-3115 or you may visit the official U.S. Department of Education website at <http://ed.gov/index/jsp>

Respectfully,

*W. Guidry*  
W. Guidry  
Loan Analyst

Loan Service Center

Enclosure





# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 12/31/2007

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

007515

Please provide the following information:  
 1- SSN (b)(6)  
 2- Name (b)(6)  
 3- Address (b)(6)  
 4- City, State, Zip (b)(6)  
 5- Telephone - Home (b)(6)  
 6- Telephone - Other (b)(6)  
 7- E-mail (optional)

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with Item 3a. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1- (b)(6)  
 2- Student's SSN: (b)(6)  
 3a. School's name: Robert Fiance Hair Design  
 3b. School's address (street, city, state, zip): 2435 GRAND CONCOURSE BOSTON, MA 02116  
 4. Is this school still open?  Yes  No  Don't Know  
 5. If this school is closed, were you (or, for PLUS borrowers, was the student) attending the school when it closed?  Yes  No  
 6a. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school?  Yes  No  
 6b. Has this school or any third party (see the definition of "third party" in Section 6, on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered?  Yes  No  
 7. If your answers to Items 6a and 6b are "No," skip to Section 3. If your answer to Item 6a or 6b is "Yes," provide the information requested in Items 7a, 7b, and 7c for each discharge, refund or payment, if known. Use a separate sheet of paper if you need to report more than one discharge, refund or payment.  
 7a. Reason for discharge, refund or payment:  
 7b. From whom did you request the discharge, refund or payment (include telephone number)?  
 7c. Amount you received or that you expect to receive: \$ \_\_\_\_\_

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete Items 8 through 13. If you are unable to provide any of the requested information, write "Don't Know."

8. What amount do you believe the school owes you? \$ 749.00  
 9. Why do you believe the school owes you this amount?  
See Attached  
 10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school:  
 \_\_\_\_\_ to \_\_\_\_\_ or  Never Attended  
 11. Your (or, for PLUS borrowers, the student's) program of study at the school:  
 \_\_\_\_\_  
 12. Items 12a and 12b request information about the amount of the school's charges or the amount of the financial aid you received for the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if you received a loan for the winter and spring quarters, provide the total amount for both quarters. If the unpaid refund is for more than one loan and the loans were for different periods of enrollment, provide the amounts requested in Item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).  
 12a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$ \_\_\_\_\_  
 12b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$ \_\_\_\_\_  
 13. Attach a copy of any documentation that supports your responses to Items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that—  
 I received each loan for which I am requesting a discharge on or after January 1, 1986. I received the loan funds directly, or they were applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.  
 I (or, for PLUS borrowers, the student) did not attend the school or withdrew or was terminated from the school within the timeframe that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, Items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.  
 I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.  
 Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: \_\_\_\_\_ Date: 7-31-08

(b)(6)

August 1, 2008

United States Dept. Of Education Federal Student Aid  
Loan Discharge Applications  
Processing Group Reg. Office, RM 8633  
50 Beale Street  
San Francisco, CA 94105

To: Whom It May Concern:

**Re: Request for Refund and Loan Discharge**

I have outlined below the reasons why I believe I am due a refund in the amount of

(b)(6) There were two loan agreements: (Copies are attached)

1. The first one signed on (b)(6) has been forged. I did not sign this form and my birth date is incorrect.
2. The second one was completed by me on (b)(6), however I never attended the school because I was denied admittance by the school.

Again, I emphasize I have never attended Robert Fiance Hair Design at any time, 2435 Grand Concourse, Bronx NY 10468. Based on the fact that checks were issued and they were cashed leads me to believe that someone was operating a scam of which I am a victim.

**This injustice has ruined my credit worthiness and caused the government to authorize my tax returns and other payment to be applied to this debt.**

I respectfully request careful consideration of this situation and a full fund of (b)(6) which has been taken and applied toward this debt which is not mine. I am also requesting that the appropriate credit reporting bureaus receive notification of the cancelled debt.

Should you require any additional information please contact me at 718-850-0367.

Sincerely,

(b)(6)

Copies: NYS Attorney General's Office, Consumer Frauds and Protection Bureau  
Federal Trade Commission  
NYS Banking Department  
NYS Attorney General's Office, Andre M. Cuomo





DO NOT SEND CASH  
MAKE CHECKS PAYABLE TO:  
U.S. DEPARTMENT OF EDUCATION  
SHOW YOUR SOCIAL SECURITY NUMBER  
ON YOUR CHECK

ACCOUNT NUMBER	PRINCIPAL BAL.	INTEREST
(b)(6)		
PENALTY CHARGES	FEES & COSTS	TOTAL BALANCE
(b)(6)		
AMOUNT PAID:		

**RETURN THIS PORTION WITH YOUR PAYMENT**  
NOTE NAME/ADDRESS/PHONE NO. CHANGES ON BACK

Send Payment To:



000094

National Payment Center  
U.S. Department of Education  
P.O. Box 4169  
Greenville, TX 75403-4169

(b)(6)

(b)(6)

↑ DETACH AND KEEP THIS PORTION FOR YOUR RECORDS ↓

DIVERSIFIED COLLECTION SERVICES, INC.  
A PERFORMANT COMPANY

333 NORTH CANYONS PARKWAY  
SUITE 100  
LIVERMORE CA 94551

925 960 4800 MAIN  
925 960 4880 FAX  
PERFORMANTCORP.COM

**DCS**

June 12, 2008

This letter is to notify you that Diversified Collection Services, Inc. (DCS, Inc.) has commenced collection efforts regarding your debt referred by the U.S. Department of Education.

Due to your failure to honor your obligation with your original lender, the entire unpaid balance of your loan is due and payable. Your defaulted loan(s) may have been reported to all national credit bureaus, which could inhibit your ability to obtain future credit.

Furthermore, should you continue to refuse to pay this debt while employed and/or possessing other assets, the Department of Education may authorize the initiation of wage garnishment proceedings, authorized by the Debt Collection Improvement Act, 31 U.S.C. 3720D and 34 C.F.R. Part 34, or your account may be referred to the U.S. Department of Justice for legal action.

However, if your financial situation warrants such consideration, we have been authorized to substantially reduce the amount on the above-referenced account and cease any further collection efforts if your account is paid in full or assist you in establishing a possible repayment program on your loan. To take advantage of this offer, you should telephone your DCS account representative at 888-335-6267 to discuss your eligibility to participate in this program and obtain your current payoff balance.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

As of the date of this letter, you owe the balance reflected. Because of interest and other charges that may vary from day to day, the amount due on the day you pay may be greater. Hence, if you pay the amount shown above, an adjustment may be necessary after we receive your check, in which event we will inform you. For further information on your balance, write to DCS or call the toll-free number provided above.

This is an attempt to collect a debt by a debt collector, and any information obtained will be used for that purpose.

**PLEASE SEE THE REVERSE SIDE FOR THE FEDERAL VALIDATION  
NOTICE AND OTHER STATE COMPLIANCE INFORMATION.**











# LOAN DISCHARGE APPLICATION: UNPAID REFUND

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

OMB No. 1845-0058  
Form Approved  
Exp. Date 12/31/2007

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

007515

Please enter or correct the following information:

SSN (b)(6)  
Name (b)(6)  
Address (b)(6)  
City, State, Zip (b)(6)  
Telephone - Home (b)(6)  
Telephone - Other ( )  
E-mail (optional)

## SECTION 2: SCHOOL AND LOAN INFORMATION

Before responding, carefully read the entire form, including the instructions and other information on the following page. If the school that you believe owes you a refund is currently open, you should first contact the school to attempt to resolve this issue before applying for an unpaid refund loan discharge. If you are a student borrower applying for loan discharge, begin with item 3a. If you are a parent borrower applying for a PLUS loan discharge, begin with item 1.

1. Student's name (last, first, middle initial): (b)(6)

2. Student's SSN: [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

3a. School's name: ROBERT Fiance Hair Design

3b. School's address (street, city, state, zip): 2435 Grand Concourse Bronx NY 10468

4. Is this school still open?  Yes  No  Don't Know

5. If this school is closed, were you (or, for PLUS borrowers, was the student) attending the school when it closed?  Yes  No

6a. Do you have any other pending or approved application(s) for discharge of a loan you obtained to attend this school?  Yes  No

6b. Has this school or any third party (see the definition of "third party" in Section 6, on the following page) made a refund or payment for any loan for which you are requesting a discharge, or is such a refund or payment being considered?  Yes  No

7. If your answers to items 6a and 6b are "No," skip to Section 3. If your answer to item 6a or 6b is "Yes," provide the information requested in items 7a, 7b, and 7c for each discharge, refund or payment, if known. Use a separate sheet of paper if you need to report more than one discharge, refund or payment.

7a. Reason for discharge, refund or payment:

7b. From whom did you request the discharge, refund or payment (include telephone number)?

7c. Amount you received or that you expect to receive: \$ \_\_\_\_\_

## SECTION 3: REFUND INFORMATION

If you have documentation from the school showing the amount of the unpaid refund, attach a copy to this form. If you believe that the amount of the refund shown in the documentation from the school is correct, skip to Section 4. If you don't believe that the amount is correct or if you don't have this documentation, complete items 8 through 13. If you are unable to provide any of the requested information, write "Don't Know."

8. What amount do you believe the school owes you? \$ Full Amount

9. Why do you believe the school owes you this amount?  
I never attend the school only 5 days I became disabled

10. Your (or, for PLUS borrowers, the student's) first and last dates of attendance at the school:  
[ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] to [ ] [ ] [ ] [ ] OR  Never Attended

11. Your (or, for PLUS borrowers, the student's) program of study at the school:

12. Items 12a and 12b request information about the amount of the school's charges or the amount of the financial aid you received for the period of enrollment for which the loan was intended. For example, if you received a loan for the spring quarter only and you left school during the spring quarter, provide an amount for that quarter only. However, if you received a loan for the winter and spring quarters, provide the total amount for both quarters. If the unpaid refund is for more than one loan and the loans were for different periods of enrollment, provide the amounts requested in item 12a or 12b for each period of enrollment separately, using a separate sheet of paper for your additional response(s).

12a. If your (or, for PLUS borrowers, the student's) last date of attendance was before October 7, 2000, enter the amount of the school's charges for the period of enrollment for which the loan was intended. Include tuition, fees, and other school charges. \$ \_\_\_\_\_

12b. If your (or, for PLUS borrowers, the student's) last date of attendance was on or after October 7, 2000, enter the total amount of federal grants and loans received for any part of the period of enrollment for which the loan was intended. \$ \_\_\_\_\_

13. Attach a copy of any documentation that supports your responses to items 8 through 12. Examples of documentation may include, but are not limited to, the school's catalog, refund policy, tuition bill(s), enrollment contract, student account statement, registration forms, withdrawal form, attendance records, and any correspondence from the school that contains information about the refund you believe the school owes you.

## SECTION 4: BORROWER CERTIFICATION

My signature below certifies that—

- I received each loan for which I am requesting a discharge on or after January 1, 1986. I received the loan funds directly, or they were applied as a credit to my (or, for PLUS borrowers, the student's) school account to pay the amount owed to the school.
- I (or, for PLUS borrowers, the student) did not attend the school or withdraw or was terminated from the school within the timeframe that would entitle me to a refund of some or all of my loan funds. Except as explained in Section 2, items 6 and 7, I have not received this refund, or any benefit of a refund to which I am entitled, from the school or any third party.
- I have read and agree to the terms and conditions for loan discharge, as specified in Section 7 on the following page.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and (b)(6)

Borrower's Signature

Date: 09-01-08



## SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Before you complete this application, you need to know the following:

- If the school is currently open, you should first contact the school and attempt to resolve the unpaid refund issue before applying for this type of discharge.
- If you (or, for PLUS borrowers, the student) are currently attending the school, you are not eligible for this type of discharge. You should contact the school about the refund that you believe you are owed.
- If you (or, for PLUS borrowers, the student) were enrolled when the school closed or withdrew from the school within 90 days before the school closed and you (or, for PLUS borrowers, the student) did not complete the program of study at another school, you may wish to apply for a closed school loan discharge rather than an unpaid refund discharge. If you are unsure about which type of loan discharge is most appropriate for you, contact your loan holder at the address shown in Section 9.

When completing this form, type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "July 01, 2005" = "07-01-2005"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages. If a refund is owed for more than one student or from more than one school, use separate forms for each student or school.

Return the completed form and any attachments to the address shown in Section 9.

## SECTION 6: DEFINITIONS

- The Federal Family Education Loan (FFEL) Program includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The William D. Ford Federal Direct Loan (Direct Loan) Program includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- Loan discharge due to an unpaid refund cancels your obligation (and any endorser's obligation) to repay the portion of your loan that should have been refunded. Any accrued interest and other charges on the amount of the unpaid refund will also be discharged, and you will be reimbursed for any amount that you have repaid that exceeds the remaining balance of the loan after the discharge. Your loan holder will report the discharge to all credit reporting agencies to which the loan holder previously reported the status of the loan.
- Program of study means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- The student (as in "or, for PLUS borrowers, the student") refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- Third party refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program or a holder of a performance bond.

## SECTION 7: TERMS AND CONDITIONS FOR LOAN DISCHARGE

- I agree to cooperate with the U.S. Department of Education (the Department) or the Department's designee in any enforcement action related to this application and to provide to the Department or the Department's designee, upon request, other documentation reasonably available to me that demonstrates that I meet the qualifications for an unpaid refund discharge.
- I assign and transfer to the Department any right to recovery on the amount discharged that I may have from the school identified in Section 2 of this form and/or any owners, affiliates or assigns of the school, and from any party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).
- I understand that this request may be denied, or my discharge may be revoked, if I fail to cooperate, provide documentation, or meet any of the other terms of my agreement on this form.
- I understand that if my loan is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.

## SECTION 8: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §428(b)(2)(A) *et seq.* and §451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) *et seq.* and 20 U.S.C. 1097a *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to financial and educational institutions, to guaranty agencies, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0058. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4851.

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 9).

## SECTION 9: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:



LOG X

(b)(6)



# LOAN DISCHARGE APPLICATION: SCHOOL CLOSURE

UNP

OMB No. 1845-0015  
Form Approved  
Exp. Date 08/31/2009

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program / Federal Perkins Loan Program

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Robert Fiance  
Hair Design Institute  
# 007515

Please print the following information:

SSN: (b)(6)

Name: (b)(6)

Address: (b)(6)

City, State, Zip: (b)(6)

Telephone - Home: (b)(6)

Telephone - Other: (b)(6)

E-mail (optional): (b)(6)

## SECTION 2: STUDENT INFORMATION

Before completing this section, carefully read the entire form, including the instructions, definitions, and terms and conditions in Sections 4, 5, and 6 on this form. If you are a student borrower applying for a PLUS loan discharge, begin with Item 1. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 3.

1. Student's name (last, first, middle initial): (b)(6)

2. Student's SSN: (b)(6)

3. Closed school's name:

WD 12-3-87

4. Date school closed (if known): 10/10/1988 (went in London) no Wilson said in town was

5. Closed school's address (street, city, state, zip): 2435 Grand Concourse, NY, 10468 Robert Fiance 10/15/88

6. Dates of attendance at the closed school: From 1/21/87 to 6/16/88

7. Name of the program of study that you (or, for PLUS borrowers, the student) were enrolled in at the time the school closed: SUMMER

8. Did you (or, for PLUS borrowers, the student) complete the program of study at the closed school?  Yes  No

If No, check all reasons that apply:

- The school closed while you (or, for PLUS borrowers, the student) were still enrolled.
- You (or, for PLUS borrowers, the student) withdrew from the school on: \_\_\_\_\_
- You (or, for PLUS borrowers, the student) were on an approved leave of absence when the school closed: From \_\_\_\_\_ To \_\_\_\_\_

Other (please explain): because when she went in person school was closed, down already 06/16/88

9. Did you (or, for PLUS borrowers, the student) complete or are you in the process of completing the program of study at another school?

- Yes  No If Yes, complete item a) and b) below:
- a) Did the other school give you (or, for PLUS borrowers, the student) credit for training received at the closed school by allowing transfer of credits or hours earned at the closed school, or by any other means?  Yes  No
- b) Were you (or, for PLUS borrowers, the student) required to start the program of study over from the beginning at the other school?  Yes  No

10. Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know

If Yes, give the amount and explain why the money was refunded: \_\_\_\_\_

11. Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know If Yes, please provide the following information:

(a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received: \_\_\_\_\_

(b) Amount/status of claim: \_\_\_\_\_

(c) Amount of payment received: \$ \_\_\_\_\_ (Write "none" if no payment was received.)

## SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 5 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: (b)(6) Date: 7/22/09