



An Investment In Your Future

TO RETURN:

Telephone: 1-866-398-7741
Fax: 703-674-4671
Mailing Address: Loan Servicing Center
P.O. Box 651118
Sterling, VA 20165
Web: www.loantolearn.com

Co-Signer Release Application

Instructions: Please read the form carefully before you sign it and then return it to our office. You will receive notice of the approval or denial of this request via mail within 14 business days.

QUALIFICATIONS: Before your application is considered, the loan must be in repayment for at least 48 months, all payments must have been made on-time, and the parties remaining on the loan must qualify under our current credit criteria.

STUDENT BORROWER PERSONAL INFORMATION (Please print and use blue or black ink.)

Please enter information about the student who will be attending school below.

*Indicates required field.

*First Name: _____ MI: _____ *Last Name: _____ Suffix: _____
(Jr., Sr., III, IV, etc.)

*Date of Birth: _____ (MM) (DD) (YYYY) Email Address: _____ (e.g. johndoe@website.com)

*Permanent Address: _____

*City: _____ *State: _____ *Zip Code: _____ *Country: _____

*Day Phone: (____) _____ Evening Phone: (____) _____

STUDENT FINANCIAL INFORMATION

Please complete this section with the student's financial information.

*Indicates required field.

*Social Security Number: _____ - _____ - _____

*Recurring Gross Income: \$ _____ Monthly Annual
Please provide the student's gross (before tax) income.

Important Note: Alimony, child support or separate maintenance income does not need to be revealed if you do not wish to have it considered as a basis for repaying this student loan obligation.

*Occupation: _____ *Employer: _____

*Time with employer: _____

*Current Employment Status: Employed - Full Time Employed - Part Time Retired Unemployed/Not Working

*Employer City: _____ *Employer State: _____ *Employer Phone: (____) _____

Is the student self-employed? YES NO

*Housing: Rent Own *Monthly Housing Payment: \$ _____



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REMAINING CO-SIGNER PERSONAL INFORMATION

Please enter personal information about the co-signer to remain on loan, if any. This section must be completed if a second co-signer exists on the loan.

*Indicates required field.

*First Name: _____ MI: _____ *Last Name: _____ Suffix: _____ (Jr., Sr., III, IV, etc.)

*Relationship to student: [] Parent /Step-parent [] Grandparent [] Spouse/Domestic Partner [] Sibling [] Other Relative [] Friend [] Other _____

*Date of Birth: ____/____/____ Email Address: _____ (MM) (DD) (YYYY) (e.g. johndoe@website.com)

*Social Security Number: _____

*Permanent Street Address: _____ (No P.O. Boxes)

*City: _____ *State: _____ *Zip Code: _____ *Country: _____

*Day Phone: (____) _____ Evening Phone: (____) _____

REMAINING CO-SIGNER FINANCIAL INFORMATION

Please enter financial information about the co-signer to remain on loan, if any. This section must be completed if a second co-signer exists on the loan.

*Indicates required field.

*Recurring Gross Income: \$ _____ [] Monthly [] Annual Please provide the co-signer's gross (before tax) income.

Important Note: Alimony, child support or separate maintenance income does not need to be revealed if you do not wish to have it considered as a basis for repaying this student loan obligation.

*Occupation: _____ *Employer: _____

*Current Employment Status: [] Employed - Full Time [] Employed - Part Time [] Retired [] Unemployed/Not Working

*Employer City: _____ *Employer State: _____ *Employer Phone: (____) _____

Is the co-signer self-employed? [] YES [] NO

*Housing: [] Rent [] Own *Monthly Housing Payment: \$ _____

CO-SIGNER RELEASEE

Please enter information about the co-signer who is requesting to be released from the loan.

*Indicates required field.

*First Name: _____ MI: _____ *Last Name: _____ Suffix: _____ (Jr., Sr., III, IV, etc.)

*Social Security Number: _____



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DISCLOSURE

By signing this form, I/we certify to the truth of my statements and authorize the lender to obtain credit reports in connection with this Application and any Account established hereby, as well as any update, renewal, extension, review or collection thereof. If it does, I/we will upon request be informed of that fact and each credit bureau's name and address. I/we also authorize the lender to verify with others information contained in this Application and to report its transactions with me/us. By completing the information for a co-signer, the applicant agrees that they are applying for joint credit.

I/we are in agreement to release the co-signer releasee indicated below and assume full responsibility for all conditions contained within the original Promissory Note associated with the loan. I/we understand that we must present qualifying Proof of Income documents and meet Loan to Learn's current creditworthiness guidelines.

Notice: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Loan Number: _____

Please sign here:

Student Borrower: _____

Date: _____ / _____ / _____
(MM) (DD) (YYYY)

Remaining Co-Signer: _____

Date: _____ / _____ / _____
(MM) (DD) (YYYY)

Co-Signer Releasee: _____

Date: _____ / _____ / _____
(MM) (DD) (YYYY)