



P.O. Box 110505  
 Juneau, AK 99811-0505  
 (907) 465-2962 or (800) 441-2962

# Loan Verification Certificate

Electronic version available at [ACPE.Alaska.gov](http://ACPE.Alaska.gov)

Customer Name: \_\_\_\_\_

Customer SSN: \_\_\_\_\_

### Customer Request and Authorization

I have requested refinancing of my education loan(s). Please complete all items and return to this Certificate to the Alaska Commission on Postsecondary Education (ACPE) within 10 days. This information will be used to verify my eligibility and the payoff amount of the outstanding education loan(s) I have selected for refinancing. I authorize the exchange of information between ACPE and my existing education loan lender or servicer.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### TO BE COMPLETED BY LENDER OR SERVICER

#### (1) Address to Which Payoff Should be Sent

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

#### (2) Lender Information

Name: \_\_\_\_\_

Lender Code: \_\_\_\_\_

#### (3) Servicer Information (if different than the lender)

Name: \_\_\_\_\_

Servicer Code: \_\_\_\_\_

(4) 60 Day Payoff Date: \_\_\_\_\_

(5) Loan Number	(6) Customer Type	(7) Loan Type	(8) Principal Balance	(9) Interest Rate	(10) Loan Status	(11) Anticipated 60 Day Payoff Amount
<b>(12) Total Anticipated Payoff Amount:</b>						

(13) Additional Comments: \_\_\_\_\_

(14) Lender or Servicer Certification: (a) To the best of my knowledge and belief, the information on this Certificate is accurate and complete; (b) each loan listed above is a legal, valid, and binding obligation of the customer; (c) each loan was issued to fund higher education at an accredited institution; (d) the original lender issuing the loan required school certification; and (e) each loan was made and serviced in compliance with all applicable laws and regulations.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Title of Authorized Official: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# Instructions

**Complete the Certificate and confirm that the information provided is accurate. For additional information or assistance when completing this certificate, please contact ACPE at (800) 441-2952 or (907) 465-2962.**

**Item 1:** Enter the name and address of the institution to which the payoff check should be sent.

**Item 2:** Enter the lender name and code.

**Item 3:** Enter the servicer name and code, if different than the lender.

**Item 4:** Enter the sixty day (from the date you complete the Certificate) payoff date. Assume no payments will be made for the next 60 days.

**Item 5:** Enter the unique identifier assigned to the customer's education loan(s). If you have multiple accounts for this customer, please list each loan separately. If the loan identifier is the same for each loan, enter "same" on the subsequent accounts.

**Item 6:** Identify the Customer Type. Valid entries include:

- \* Primary Borrower
- \* Cosigner
- \* Endorser
- \* Student Beneficiary
- \* Other: Please Specify

**Item 7:** Identify the loan type. Valid entries include:

- \* Federal Consolidation Loan
- \* Federal Graduate PLUS Loan
- \* Federal Parent PLUS Loan
- \* Federal Subsidized Stafford Loan
- \* Federal Supplemental Loan for Students
- \* Federal Unsubsidized Stafford Loan
- \* Health Education Assistance Loan
- \* Private or State Loan
- \* Other: Please Specify

**Item 8:** Enter the principal balance for each loan (including capitalized interest).

**Item 9:** Enter the interest rate for each loan.

**Item 10:** Identify the loan status for each loan. Valid entries include:

- \* Deferment or Forbearance
- \* Grace Period
- \* In School
- \* Repayment Current
- \* Repayment Delinquent

**Item 11:** Enter the loan payoff amount for sixty days from the date you complete the Certificate. Assume no payments will be made for the next sixty days.

**Item 12:** Enter the total payoff amount for sixty days from the date you complete the Certificate.

**Item 13:** Enter any appropriate comments. If unable to complete all or a portion of this Certificate, please explain here.

**Item 14:** Complete the certification.

**Return to ACPE, within 10 days, by e-mail at [ACPE@alaska.gov](mailto:ACPE@alaska.gov) or by fax at (907) 465-5316**