



Alaska Refinancing Loan 2016/2017 Cosigner Agreement

Provide the Application ID associated to the primary borrower's application and Promissory Note. Application ID#

BORROWER INFORMATION

Last Name: _____ First Name: _____ Telephone Number: () - _____
Mailing Address (P.O. Box or Street): _____ City: _____ State: _____ Zip: _____
Email Address: _____ DL# or State ID#: _____ Issuing State: _____
Social Security Number: _____ Date of Birth: _____ Employment Information: _____ Employed _____ Not Employed _____

PRIMARY APPLICANT INFORMATION

Last Name: _____ First Name: _____ Social Security Number: _____

REFERENCES

Provide two separate references with different U.S. addresses. Your references should be someone with whom you expect to remain in regular contact. Your references will be contacted if we need to verify or update your contact information.

Reference 1 Name: _____ Relationship: _____
Mailing Address: _____ City, State, Zip: _____
Telephone: _____ Email: _____

Reference 2 Name: _____ Relationship: _____
Mailing Address: _____ City, State, Zip: _____
Telephone: _____ Email: _____

COSIGNER AGREEMENT AND PROMISE TO PAY

THIS IS A LOAN THAT MUST BE REPAYED

I PROMISE TO PAY to the Alaska Student Loan Corporation the amount originated under the terms of this application and promissory note to discharge the primary borrower's prior loan obligations, plus interest and other charges and fees that may become due. I understand this is a loan I am required to repay. I further understand the amount of this loan will be based on the amount paid by ACPE to pay off balance(s) of the loan(s) included for refinancing by ASLC and may exceed otherwise estimated payoff balances. The payoff amount may differ from the estimate because ASLC will include unpaid principal and accrued interest as of the date the refinance loan is originated.

I have read, understood, and will abide by all terms and conditions set forth in this Promissory Note. I understand the terms and conditions apply to me jointly and separately from the primary borrower. I further understand, 1) my liability for the loan begins when the borrower's obligation begins and continues even if the borrower dies, is disabled or has his/her obligation discharged in bankruptcy or canceled before the loan (including interest) is repaid in full; and 2) collection action authorized by law will be taken against me (the cosigner) if this loan becomes delinquent or in default.

I certify I do not have a status at this time that would prevent me from repaying the loan as it becomes due. My obligation to repay this loan will remain in force even if I become totally and permanently disabled. In the event of my death or disability, the primary borrower will remain obligated for the amount due on the loan. ASLC may choose to make a claim against my estate for payment of the amount due. I have read, understood, and will abide by all terms and conditions set forth in this application and promissory note, Cosigner Agreement Packet, and I have retained a copy for my records.

By signing, I certify under penalty of perjury that all information I have provided in support of this application is true to the best of my knowledge and I have sufficient monthly income to repay this debt. I further certify that I meet all eligibility requirements and I am requesting to cosign the refinancing of qualifying loan(s). I agree that any stray marks or notations made to this application and promissory note, in places other than fields requiring applicant completion, will not become part of this agreement. **Note:** A person who makes a false certification has committed a criminal offense.

Signature of Borrower (In Ink): _____ Date _____

Sign, date, and return to ACPE at the address listed on the first page of the application and Promissory Note.