

Law Enforcement-Public Defender Addendum

Part 1-To Be Completed By Borrower

Borrower Name (Last, First, Initial):	Account Number:	Social Security Number:
Address: City: State: Zip:	Telephone Number:	

Part 2 - To Be Completed By Employer

The borrower indicated above has applied for a cancellation of their student loan based on their employment as a law enforcement or corrections officer. In order for a cancellation request to be honored, the employer must respond to the following questionnaire.

	Yes	No
1 Is the above referenced borrower employed with your agency and an attorney?		
2 Is borrower a full-time employee?		
3 Borrower's full-time employment start date: end date (if applicable):		
4 Please indicate borrower's job title:		
5 Is your agency a Federal defender organization or community defender organization?		
6 Is your agency publicly funded?		
7 Pursuant to the Criminal Justice Act, the Office of Defender Services of the Administrative Office of the U.S. Courts provides information on its Web site that lists these Community Defender and Federal Public Defender Organizations. The Directory can be found at the following address: http://www.fd.org/odstb_DEF.htm Next click on "Federal Public and Community Defender Directory". This Directory is updated daily.		
8 Is your agency listed on the Federal Public and Community Defender Directory?		
9 List the name of the agency as it appears on the Defender Directory		
10 A copy of the borrower's job description must accompany this form. Is a job description enclosed?		

I certify that the information stated above is true and correct.

Certifying Organization:	Signature of Authorized Official:	
Telephone No:		
Address:	Title:	Date Signed:
City:		
State: Zip:	Form may be faxed to: (517) 353-9640	Please return to: Loans Receivable Hannah Administration Building 426 Auditorium Rd Rm 140 East Lansing, MI 48824-2602