REQUEST FOR REIMBURSEMENT DUE TO PARTIAL DISCHARGE
OF A FEDERAL CONSOLIDATION LOAN
(TO BE COMPLETED BY LOAN HOLDER/SERVICER)

Section I: DISCHARGE INFORMATION

1. Reason Type: _____ Closed School (CS)   _____ Death (DE)   _____ Disability (DI)   _____ False Certification (FC)

2. DCO: _____

Section II: BORROWER / CO-MAKER / DEPENDENT STUDENT INFORMATION

3. Borrower Name: _____   SSN: _____

4. Co-Maker Name: _____   SSN: _____

5. Dependent Student Name: _____   SSN: _____

Section III: FEDERAL CONSOLIDATION LOAN INFORMATION

6. Loan ID	7. 1st Disb Date	8. Principal	9. Interest Rate/Type
_____	_____	$_____	_____ / _____
_____	_____	$_____	_____ / _____
_____	_____	$_____	_____ / _____
		Total: $_____	

10. Proration Rate _____%

Section IV: UNDERLYING LOAN INFORMATION

11. Loan Type	12. 1st Disb Date	11. Loan Type (cont)	12. 1st Disb Date (cont)
a. _____	a. _____	e. _____	e. _____
b. _____	b. _____	f. _____	f. _____
c. _____	c. _____	g. _____	g. _____
d. _____	d. _____	h. _____	h. _____

Section V: AMOUNT REQUESTED

13. Amount Requested: $ _____
     (Multiply Total of # 8 by # 10)

14. Int-Paid-Through Dt: _____

15. Int Claimed as of: _____   + $ _____

16. Total Amount Requested: = $ _____

17. Eligible Payments: + $ _____

18. Reimbursement Amount Requested: $ _____

Section VI: LENDER INFORMATION

BY SUBMITTING THIS DOCUMENT TO THE GUARANTOR, THE LENDER/HOLDER CERTIFIES, TO THE BEST OF ITS KNOWLEDGE, THE INFORMATION IN THIS DOCUMENT IS TRUE AND ACCURATE.

19. Lender ID: _____   20. Servicer ID: _____

21. Lender/Servicer Name/Address:_____

22. Prepared by: _____   23. Preparer's # (_____) _____

Required Documentation: **Closed School (CS)** = School Closure Loan Discharge Application
                             Death (DE) = Original or Certified Copy of Death Certificate
                             Disability (DI) = Total and Permanent Disability Loan Discharge Application
                             False Certification (FC) = False Certification Loan Discharge Application

05/11/07

<h1 style="text-align:center">Instructions for Reimbursement Due to Partial Discharge of a Federal Consolidation Loan</h1>

Use this form only if you are requesting reimbursement for the partial discharge of a Federal Consolidation loan due to the death of a dependent student for whom a PLUS loan was received and later consolidated, the death or total and permanent disability of one of two borrowers on a spousal Federal Consolidation loan, or the discharge of an underlying loan(s) due to a closed school or false certification situation. All date fields must be completed with numerics in MM/DD/CCYY format. If all the loans consolidated are eligible for discharge, you must file a request for discharge with the guarantor using the Claim Form.

I. DISCHARGE INFORMATION
1. **Reason Type:** Select the appropriate reason for partial discharge: Closed School (CS) / Death (DE) / Disability (DI) / False Certification (FC).
2. **DCO:** Date Condition Occurred is defined by the Reason Type indicated in Field 1. Provide the corresponding month, day, and year as follows:
   - If Reason Type is "CS" (Closed School), provide the date you received the statement from the borrower certifying eligibility for a Closed School discharge or the date the guarantor advised you to file a claim.
   - If Reason Type is "DE" (Death), provide the date you received official notification of the death of the borrower or, if applicable, the student.
   - If Reason Type is "DI" (Disability – total and permanent), provide the date you received official notification that the borrower's physician certified the borrower to be totally and permanently disabled.
   - If Reason Type is "FC" (False Certification), provide the date you received the statement from the borrower certifying eligibility for a False Certification discharge or the date the guarantor advised you to file a claim.

II. BORROWER/CO-MAKER/DEPENDENT STUDENT INFORMATION
3. **Borrower Name/SSN:** Provide the last name, first name, middle initial and Social Security Number of the borrower identified on your system to which the Federal Consolidation loan was made.
4. **Co-Maker Name/SSN:** Provide the last name, first name, middle initial and Social Security Number of the co-maker to whom the Federal Consolidation loan was made, if applicable.
5. **Dependent Student Name/SSN:** Provide the last name, first name, middle initial and Social Security Number of the dependent student on the underlying PLUS loan(s), if applicable.

III. FEDERAL CONSOLIDATION LOAN INFORMATION
6. **Loan ID:** Provide the loan identifier code, file number, guarantee date, or guarantee amount, as required by the guarantor of the loan.
7. **1st Disb Date:** Provide the date of the first disbursement.
8. **Principal:** If the date of death or disability is on or after the date of consolidation, enter the total amount of principal outstanding on the Federal Consolidation loan as of the date the borrower or student died or the date the borrower became unable to work and earn money. If the date of disability is prior to the date of consolidation, or the request Reason Type is CS or FC, enter the total amount paid by the consolidation lender to the prior holder(s) for all underlying loans. Total the principal amounts.
9. **Interest Rate/Type:** Provide the current interest rate and indicate the type of interest rate by entering the appropriate code: F = fixed rate; V = variable rate.
10. **Proration Rate:** Enter the result of dividing the total amount paid at consolidation on the underlying loan(s) eligible for discharge by the total amount of all loans consolidated, calculated to the 4th decimal place.

IV. UNDERLYING LOAN INFORMATION
Provide the Loan Type and 1st Disbursement Date for each underlying loan that is requested for discharge. If the number of loans exceeds the space provided, attach a separate Request for Reimbursement Due to Partial Discharge of a Federal Consolidation Loan form with Section II (borrower/dependent student information) and Section IV (underlying loan information) completed.
11. **Loan Type:** For each loan listed, provide the loan type using one of the following codes:

SS	Subsidized Federal Stafford Loans	**HEAL**	Health Education Assistance Loans
DSS	Direct Subsidized Stafford Loans	**FISL**	Federal Insured Student Loans
US	Unsubsidized and Nonsubsidized Federal Stafford Loans	**PLUS**	Federal **PLUS (parent)** Loans
		DPLUS	Direct PLUS Loans
DUS	Direct Unsubsidized Stafford Loans	**SCON**	Subsidized Federal Consolidation Loans
SLS	Federal Supplemental Loans for Students (formerly Auxiliary	**DSCON**	Direct Subsidized Consolidation Loans
	Loans to Assist Student (ALAS) and Student PLUS Loans)	**GB**	Federal PLUS Loans (for graduate/professional students)
		UCON	Unsubsidized Federal Consolidation Loans
PERK	Federal Perkins Loans formerly National Defense/National	**DUCON**	Direct Unsubsidized Consolidation Loan
	Direct Student Loans (NDSL)	**D3**	Direct PLUS Loans (for graduate/professional students)
HPSL	Health Professions Student Loans, including Loans for	**NSL**	Federal Nursing Loans
	Disadvantaged Students		

12. **1st Disb Date:** Provide the date of the first disbursement for each underlying loan listed in this Section.

V. AMOUNT REQUESTED
13. **Amount Requested:** Provide the principal amount requested for reimbursement by multiplying the total amount in field 8, Principal, by field 10, Proration Rate.
14. **Int-Paid-Through Dt:** If the date of death or disability is on or after consolidation, provide the date of death or disability. If the date of disability is prior to consolidation, or if the request Reason Type is CS or FC, provide the date of the consolidation. (Note: If a subsidized deferment has been applied to the Federal Consolidation loan, the Interest Paid Through Date may need to be adjusted).
15. **Int Claimed as Of:** Provide the date through which interest requested was accrued and the amount of interest accrued as follows:
    For a date of death or disability on or after consolidation, calculate from the date of death or disability through the date interest was requested on the amount of the applicable underlying loan(s). For a date of disability prior to consolidation or for a request Reason Type of CS or FC, calculate from the date of consolidation through the date interest was requested on the amount of the applicable underlying loan(s). (Note: If a subsidized deferment has been applied to the Federal Consolidation loan, adjust the interest claimed as of amount to exclude this interest.)
16. **Total Amount Requested:** Provide the total amount requested for reimbursement; calculated by adding the amounts in fields 13 and 15.
17. **Eligible Payments:** For request Reason Types CS and FC, provide the total amount of all payments made by or on behalf of the borrower that were applied to the eligible underlying loan(s), prior to consolidation, if known. For request Reason Type DI, provide the total amount of all payments made by or on behalf of the borrower and received by the lender on or after the date of disability, but prior to the date of the Federal Consolidation loan, which were applied to the underlying loan(s) eligible for discharge, if known.
18. **Reimbursement Amount Requested:** Enter total reimbursement amount requested; calculated by adding amounts in fields 16 and 17.

VI. LENDER INFORMATION
19. **Lender ID:** Provide the six-digit Department of Education lender code and, as applicable, the four-digit non-Department of Education suffix of the lender or the current holder.
20. **Servicer ID:** If the account is being serviced, provide the six-digit Department of Education servicer code.
21. **Lender/Servicer Name/Address:** If the account is being serviced, provide the servicer's name and address. If there is no servicer, provide the lender's name and address.
22. **Prepared By:** Provide the name of the person or unit responsible for answering questions about information provided on this form.
23. **Preparer's #:** Provide the phone number (including area code) where the preparer may be reached.