

Thank you very much for your assistance.

## LOUISIANA BAR FOUNDATION LOAN REPAYMENT ASSISTANCE PROGRAM

LENDER VERIFICATION				
**************************************				
Name:	Account Number:			
Address and Phone:				
I hereby authorizeBar Foundation with the information requested	(lender) to provide the Louisiana in Part B.			
Applicant's Signature	Date			
**************************************	**********			
Dear Lender:				
Repayment Assistance Program. Please comple	istance from the Louisiana Bar Foundation's Loan ete the information on the next page and return Manager, by email at <i>renee@raisingthebar.org</i> , by			

## LOUISIANA BAR FOUNDATION PUBLIC INTEREST ATTORNEY LOAN REPAYMENT ASSISTANCE PROGRAM

## LENDER VERIFICATION PAGE 2

Qualifying Loans. Law school loans, federal/government, private/commercial, and bar review only will be considered in determining the amount of assistance.

Authorized Signature		me (printed and Title)	Date	
Name of Len	der			
Address	Phone		ne	
Borrower's N	Name			
Address of R	ecord			
Qualifying □	Origination Date	Current Balance Due	Monthly Payment	If loan deferred, payment start date
Comments: _				