



SC PACE Loan Program Request for Forgiveness

Last Name	First Name	MI	SSN
Mailing address (check here if updated address is provided.)			Phone
City	State	Zip	Email

Employment Information

Name of School (where employed during forgiveness period listed below)	District
Forgiveness Request Dates of Employment: Enter the dates of the completed year of teaching service to request loan forgiveness for your service. (MM/YYYY) _____ to (MM/YYYY) _____	

Borrower Certification: I certify that the information shown above is true and accurate. I certify that I will notify SCSLC immediately upon change in my employment status. If at the end of the employment contract year I am determined to be ineligible for forgiveness, I agree that the interest that has accrued may be capitalized (added to the principal balance).

Signature of Borrower: _____

Date: _____

CERTIFICATION OF EMPLOYMENT

**** To Be Completed by District Personnel Officer, Superintendent or School Principal****

Please complete the following to certify this individual's eligibility for loan forgiveness.

- The above-named individual completed 152 days or more of service during the Forgiveness Period listed above. Yes No

If no, list the number of days complete: _____

If less than full days, what portion? _____

- The above-named individual was not employed at the school stated above during the forgiveness period noted above.

Signature of Certifying Official (required)	Date
Printed Name of Official	Title
District Office Address	Phone Number

Return completed form to: SCSLC • PO BOX 8509 • Columbia, SC 29202