



## 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
<b>Forgiveness Request Dates of Employment:</b> 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.

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

**Return completed form to:** SCSLC • PO BOX 102405 • Columbia, SC 29224