

**DON STUDENT LOAN REPAYMENT PROGRAM APPLICATION**  
 NAVPERS 12300/21 (02-2011)

Supporting Directive BUPERSINST 12300.3

**Privacy Act Statement**

The collection of this information is authorized by 5 U.S.C. 5379 in order to facilitate the repayment of student loans, where authorized. Providing this information is voluntary but choosing not to provide the requested information will preclude the payments by the Department of the Navy.

**SECTION 1: (To be completed by Applicant)**

a). Employee Name (First MI. Last)		b). Position Title, Grade		c). For multiple loans: Loan      of	
d). Telephone ext.		e). AGENCY			
f). Unpaid Balance Of Loan(s) (Approx.)		g). Amount Requested To Be Repaid By Agency		h). Loan Account Number	
i). Name of Loanholder (Lender)			j). Address		
k). Telephone ext.					
I authorize the release of my financial data by lender/holder to complete the entries in SECTION 2. (A copy of this form should be deemed as the original for authorization purposes.)		l). Signature		Date (DDMMYY)	

**SECTION 2: LOAN STATUS CONFIRMATION**

Loan holder: Please verify the information below and provide correct information, where missing.  
 Please return form to:

1). Status: <input type="checkbox"/> In Default <input type="checkbox"/> Payments Being Made <input type="checkbox"/> Deferred	2). Type of Loan <input type="checkbox"/> HEA of 1965 <input type="checkbox"/> Public Health Services Act	3). Outstanding Balance	4). Data Shows Consolidation (when multiple loans are involved) <input type="checkbox"/> Yes <input type="checkbox"/> No Date (DDMMYY)
---	---	----------------------------	---

**INSTITUTION WHERE PAYMENT IS TO BE SENT**

5). Name		6). Address	
7). Telephone ext.			
8). Routing Number		9). Account Number	
10). Additional Information			

**CERTIFICATION:** As an official of the holding institution, I verify that the information in SECTION 2 is correct and current. Copy of the promissory note(s) is/are enclosed.

11). Name and Title	12). Signature and Date (DDMMYY)
---------------------	----------------------------------

**SECTION 3: To be completed by Human Resources Office - O.K. for Processing**

Effective Date	Annual Amount	Number of Years	Total Repayment Amount
Personnel Officer or Designee	Date (DDMMYY)	Signature	

FOR OFFICIAL USE ONLY  
 PRIVACY SENSITIVE