Louisiana Office of Student Financial Assistance
E-Mail: loanprocessing@osfa.la.gov
Fax: 225-612-6827

LOSFA
Louisiana Office of
Student Financial Assistance

Request for Loan Reinstatement

Section A: Information Required for Each Loan

Original Lender Name: _____ Original Lender Code: _____

Borrower Name: _____

Social Security Number: _____ Loan Number: _____

Section B: Disbursement Data

	Scheduled Disbursement Date	Amount	Insurance Fees	Origination Fee	Actual Disbursed Amount
Disbursement 1					
Disbursement 2					
Disbursement 3					

Loan Type: Sub Unsub PLUS	Present Loan Status:
School O.E. Number :	Current Lender Number:
School Begin Date:	Enrollment Status:
School End Date:	Effective Date Out of School:
Anticipated Graduation Date:	Original Date Entered Repayment:
	Current Date Entered Repayment:

Section C: Deferment/Forbearance Data:

	Begin Date	End Date	Type of Deferment
Deferment 1			
Deferment 2			
Deferment 3			

Section D: Documentation and Fee Schedule

Documentation: Documentation of payment of guarantee fees should accompany this request.
Fee Schedule: Loans guaranteed prior to 7-01-1994, contact LOSFA for fee schedule.
Loans guaranteed from 7-01-1994 thru 5-05-1999, the fee is 1% of the total loan amount.
Loans guaranteed after 5-05-1999, no fee is due.

Section E: Signature and Date

HOLDER'S CERTIFICATION: The holder of the above described loan hereby certifies that all information contained herein is correct and all fees have been paid. Holder agrees to hold **Office of Student Financial Assistance** harmless if any of the above is not correct.

_____   _____
Signature and Phone #   Date

LON003   (Rev. 11/10)