New York University
A private university in the public service

School of Law
Student Financial Services

245 Sullivan Street, 4th Floor
New York, NY 10012
Telephone: (212) 998-6050
Facsimile: (212) 995-4525
E-mail: law.finaid@nyu.edu

CONSOLIDATION LOAN DISCLOSURE STATEMENT AND REPAYMENT SCHEDULE

Last Name: _____ First Name: _____

SSN or Univ. ID # : _____ E-mail Address: _____

Graduation Date (mm/yyyy): _____

INSTRUCTIONS: Please complete Part A of this loan information request form and forward the form to the holder of your consolidation loan(s).

Part A (To be completed by applicant)

I, _____, authorize _____ to provide the information
(Applicant Name - print) (Lender Name - print)

requested in Section B to NYU School of Law.

_____ _____
Applicant Signature Date

Applicant Address City State Zip

_____
Applicant Telephone

Please return this form to:

NYU School of Law, Office of Student Financial Services,
245 Sullivan Street, 4th Floor,
New York, NY 10012
or fax to (212) 995-4525

Last Name: _____ First Name: _____

Part B: (To be completed by lender)

DEAR LENDER: The above individual has applied to a program at NYU requiring information about educational loans borrowed from you. Please complete the information below and return it to our office by mail or facsimile at your earliest possible convenience. Thank you for your help.

CONSOLIDATION LOAN REPAYMENT SCHEDULE					
Date	Interest Rate %	Total Amount Financed	Monthly Payment Amount	Due Date of First Payment	Repayment Term
Date interest begins to accrue	Annual interest rate on loan	Unpaid principal of loan (including capitalized interest)			Number of months

Is the applicant delinquent or in default? _____ How many days? _____

Are the applicant's loan(s) in deferment or forbearance? _____ Until when? _____

Comments:_____
_____
_____

ITEMIZATION OF CONSOLIDATED LOANS*			
Name of Previous Creditor	Loan Type	Certifying School	Amount of Funds Paid

***List each individual loan underlying the consolidation loan.**

_____
Name and Title of Authorized Lender Representative (print)

_____
Signature Date

_____ _____
Lender Address

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