



**New York University**  
*A private university in the public service*

School of Law  
 Student Financial Services  
 245 Sullivan Street, 4<sup>th</sup> Floor  
 New York, NY 10012  
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**EXIT FORM FOR LOAN REPAYMENT  
 ASSISTANCE PROGRAM**

**Note: The Exit Form is required of all participants and is used to determine eligibility for forgiveness of any outstanding LRAP loans or the amount of over-awards that must be repaid.**

Participant Name: \_\_\_\_\_ SSN or Univ. ID # \_\_\_\_\_

Graduation Date (mm/yyyy): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

1. The period for which I last received LRAP benefits: Year \_\_\_\_ / 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> Qtr (circle one)

2. The reason I am leaving LRAP (check all that apply):

- Ineligible because of a move to non-LRAP qualifying employment
- Ineligible because of a salary increase
- Ineligible because loans are paid off or other changes in my loan payments
- Ineligible because of a change related to spousal or domestic partner income (Complete § 3b below)
- Ineligible because I am receiving loan repayment assistance from another source
- Other \_\_\_\_\_

3. Employment - To confirm the amount of your previous LRAP awards and/or calculate possible over awards, please provide the following:

a. Information about your last LRAP eligible employment

	Employer	Salary	Beginning Date	Ending Date
a.				
b.				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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(Participant Name: \_\_\_\_\_)

b. Marital status and your spouse/domestic partner's employment information

Spouse/Domestic Partner Name and Date of Marriage/Union	Employer	Spouse/Domestic Partner Salary	Salary Effective Dates (from/to)

c. Other Information --- List any additional information on salary, bonuses, housing allowances, assets, other income, or household changes that took place during the past 12 months that may be necessary for a recalculation of your LRAP awards, attaching additional pages, if necessary.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Current Loan Balance(s)

Lender	Loan Number	Type of Loan	Total Amount Outstanding	Amount of Monthly Payment	Date Next Payment Due	Interest Rate %	Repayment Period (years)

Certification

I understand that LRAP benefits are adjusted if my actual income differs from the income used when determining benefits. Accordingly, if changes reported on the Exit Form result in an over-award determination for any prior period, I understand that I must repay the over-awarded amount according to a schedule agreed upon with the LRAP Administrator. I certify that all information provided on this form is true and complete to the best of my knowledge. Upon request and in a form satisfactory to the LRAP Administrator, I agree to provide proof of the information set forth herein.

\_\_\_\_\_  
Participant's Signature Date

<b>FOR OFFICE USE ONLY</b>	
Original Award Amount \$ _____	New Award Amount \$ _____
Owes repayment? Yes / No	Repayment Amount \$ _____
Notes:	

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