



2017 ANNUAL INTEREST WAIVER REQUEST FORM

APPLICANT SECTION: Must be completed by the borrower. Please print or type.

Last Name _____ First _____ MI _____

Date of Birth ___/___/_____ Driver's License # _____ State Issued _____

Social Security # _____ E-mail address _____

PERMANENT HOME ADDRESS (All mail will be sent to this address)

P.O. Box/Street Number _____ Apt # _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone: _____ Work Phone _____

Date Graduated: _____ Employment Start Date: _____

Please attach copies of the following documents:

- 1. Copy of most recent W-2 or Pay stub showing proof of employment.
2. Copy of Teaching Certificate.

By signing this Waiver Request Form I certify I have Federal Student Loans through Lela and I am teaching full time in a Louisiana Public School System. I acknowledge that to be eligible for this interest waiver I must keep my loan account current and file this form annually.

Applicant's Signature _____ Date _____

Note: Applications are processed on a first come, first served basis. Funds are limited. Once Lela receives this request, a review will be made of your loans held by Lela to determine eligibility. You will receive notification from Lela's designated servicer, EdFinancial, by mail. Lela reserves the right to modify, enhance, reduce or discontinue these discounts at any time without advance notice.

EMPLOYER SECTION: Must be completed by Superintendent. Please print or type.

I hereby certify that as of the date hereof the applicant named above, is employed as a full time teacher by:

Name of School _____ Parish _____, LA.

Address _____ City _____

Phone number _____ Signature of Superintendent _____ Date _____

Printed name

A program of:

Please mail original form and attachments to:



Louisiana Education Loan Authority (Lela)
2237 South Acadian Thruway Suite 650
Baton Rouge, La. 70808

Note: The Help Teachers interest waiver program is effective for loans first disbursed on or after May 1, 2001 and before April 1, 2009. This form must be submitted each calendar year to verify you are teaching in Louisiana in a public school system to continue the interest waiver.

Lela office Use Only: Anticipated Approval Period: _____ Initials: _____