



**ANNUAL INTEREST WAIVER REQUEST FORM for 2024**

**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 # (last four digits) xxx-xx-\_\_\_\_\_ 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, Higher Education Servicing Corporation (HESC), 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:

School Name \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, LA.

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  
Fax: 225-923-0020 Ph: 800-228-4755

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.