Law Enforcement or Corrections Officer Addendum

Part 1-To Be Compl	eted By Borrowe	er			
Borrower Name (Last, First, Initial):			Account Number:	Social Security Number:	
Address: City:		State:	Zip:	Telephone Number:	
duress. Oity. State. Zip. Telephone Number					
Part 2 - To Be Comp	oleted By Employ	/er			
•			n of their student loar	n based on their employment a	as a law
nforcement or correctior	ns officer. In order for	a cancellation	on request to be hon	ored, the employer must respo	and to the
ollowing questionnaire.					
				Ye	s No
1 Is the above reference		d with your a	gency?		
2 Is borrower a full-time employee?					
3 Please indicate date borrower completed their basic training program:					
4 Please indicate date borrower passed the Law Enforcement Certification Exam:					
5 Borrower's full-time employment start date: end date (if applicable):					
6 Please indicate borro	•				
7 Is your agency a local		ency?			
8 Is your agency publicl	•				
Please note: Please			•		
9 Do your agency's acti	•	prevention,	control, or reduction,	or to the enforce-	
ment of criminal law?		ro not limitor	d to police offerte to	provent control	
Please note: Such activities include, but are not limited to, police efforts to prevent, control, or reduce crime or to apprehend criminals; activities of courts and related agencies having					
criminal jurisdiction; a			-	_	
relating to the prevent		•	-	•	
0 Is your agency primar					
1 Is borrower's position	• •				
Please note: For the				agency's primary	
mission, he or she mu					
person whose principa					
essential in the performance of the agency's primary mission. The agency must be able to					
document the employ	ee's functions. Pleas	e see questi	on 13.		
2 Are borrower's official	responsibilities supp	ortive, such a	as those that involve	typing, filing,	
accounting, office pro			l, food service, trans	portation,	
or building, equipmen					
3 A copy of the borrow	er's job description m	ust accompa	iny this form. Is a job	description enclosed?	
	41				
certify that the informa	ition stated above is	true and co	orrect.		
'artifuina Organization		Cianatira	of Authorized Officia	al.	
Certifying Organization:		oignature	e of Authorized Officia	য়া.	
elephone No:					
ddress:		Title:		Date Signed:	
		1100.		Date digition.	
city:					
itate: Zip:				Please return to:	
—· _I - ·	Form m	Form may be faxed to:		Loans Receivable Hannah Administration Building	
	3-9640				
	_			426 Auditorium Rd Rm 360	_

East Lansing, MI 48824-2602