



Student Claim Form

State of Louisiana
Board of Regents
Division of Planning, Research &
Performance
Proprietary Schools
P.O. Box 3677
Baton Rouge, LA 70821-3677

PLEASE TYPE OR PRINT

NOTE: The Student Claim Form must be submitted to the Louisiana Board of Regents within one year following the date an institution closes.

Claimant: Amount of Claim: \$
Last First M. I.

Address: Street No. or P.O. Box City State Zip

Phone: () Email

Name/Address/Telephone # of Next of Kin:

Name: Last First M.I.

Address: Street No. or P.O. Box City State Zip

Phone: () Email

Name/Address of School Claim Filed Against:

School:

Address: Street No. or P.O. Box City State Zip

Course of Instruction:

At the time of closure I was: () Not Attending; () Attending Full-Time; () Attending Part-Time; () On Approved Leave of Absence Beginning and Ending.

Dates of Attendance: From To

Graduated: Yes No If Yes/Date: Month Day Year

Did you leave within 90 days of school closure?: Y () N ()

Reason for Leaving/Withdrawing:

Method of Payment to School: Cash () \$ _____ GSL () \$ _____ Pell () \$ _____
(Check all that apply)

Other () \$ _____

If other, Explain: _____

If student received loan(s), name/address of lender(s):

Lender: _____

Address: _____
Street No. or P.O. Box City State Zip

Lender: _____

Address: _____
Street No. or P.O. Box City State Zip

PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR CLAIM FORM:

- a. copy of enrollment agreement;
- b. copies of cancelled checks and or receipts if education was financed by student or parent;
- c. copies of documentation from lender showing amounts owed; and
- d. any documentation you feel will assist this office in assessing your claim.

COOPERATIVE AGREEMENT: As part of the consideration of the repayment of my loan under the Student Protection Fund, I hereby agree to cooperate with the Proprietary School Advisory Commission and the Louisiana Student Financial Assistance Commission in any enforcement action regarding collection of the loan at the closed school which I previously attended.

I agree to testify about any information I provided to support the repayment of my loan, and I agree to produce any documentation which was and/or is available to me in regard to the information I provided to support the repayment of my loan, including the execution of any affidavits which may be required with respect to the information.

By filing a claim through the Board of Regents, I hereby relinquish any right I may have against the owner or school for reimbursement of tuition.

Claimant's Signature

Social Security Number

Date