



**ADDICTION COUNSELOR INTERNSHIP LOAN
REQUEST FOR RELEASE OF COSIGNER**
BANK OF NORTH DAKOTA
STUDENT LOANS
SFN 61627 (03-2024)

Section 326 of the USA PATRIOT Act¹ requires us to ask for the borrower's Social Security Number. The principal purpose and routine uses of this information are to verify the borrower's identity, provide for the servicing of the borrower's account or loan, including communications with consumer reporting agencies, and in the event it is necessary, to locate the borrower and collect on the borrower's loan(s). Providing any requested information is mandatory in order to receive the requested service. We may not be able to grant the service if the requested information is not provided.

¹This notice also satisfies our obligations under the Privacy Act of 1974.

BORROWER INFORMATION

Borrower Name (first, middle, last)	Social Security Number		
Permanent Street Address	City	State	ZIP Code
Email Address	Cell Telephone Number (include area code)		
Home Telephone Number (include area code)	Employer Telephone Number (include area code)		

I am requesting to have my cosigner(s) released from the Addiction Counselor Internship loan(s) that I currently have.

I must meet each of the following requirements to qualify for the release of my cosigner(s):

- I must meet BND's current credit and eligibility criteria in effect at the time the request is made.
- I must reside in the U.S.
- Twenty-four (24) consecutive, regular on-time payments must have been made to BND.
- A regular on-time payment is a payment received within 15 days of the due date while in repayment status. This does not include payments made during forbearance or deferment periods.
- The payment counter restarts if there is a period of reduced payments, deferment, forbearance or a payment is received more than 15 days past the due date.

I understand that by signing this form and returning it to BND, I am agreeing and authorizing BND to pull my credit report to confirm my creditworthiness and to verify my eligibility of the requirements listed above.

I will be notified of the approval or denial of this request.

Borrower Signature	Date (mm/dd/yyyy)
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Return this form by mail, fax or email to:

Bank of North Dakota
Student Loans
PO Box 5509
Bismarck, ND 58506-5509
Fax: 701.328.5629
Email: studentloans@nd.gov

For questions contact:

Toll-free: 833.397.0311
TTY: 800.366.6888
Email: studentloans@nd.gov

FOR INTERNAL USE ONLY

Borrower has made appropriate number of consecutive, regular on-time payments (requires two initials)

Initials	Initials
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Repayment Status (requires two initials)

Initials	Initials
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FICO Score	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Date (mm/dd/yyyy)	Initials
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