

**OKLAHOMA GUARANTEED STUDENT LOAN PROGRAM
REQUEST FOR REINSTATEMENT OF GUARANTEE**

Name of Borrower		Borrower's Social Security Number		
Disbursements to be Reinstated				
Date of Each Disbursement	Amount of Disbursement	Subsidized,	Non-subsidized,	or Unsubsidized
Disb 1	\$	__ S	__ N	__ U
Disb 2	\$	__ S	__ N	__ U
Disb 3	\$	__ S	__ N	__ U
Disb 4	\$	__ S	__ N	__ U
Disb 5	\$	__ S	__ N	__ U
Use Additional Sheet if necessary to list disbursements				
Cure Meets the 3-Year Cure Time Limit __ YES __ NO				
Lender Name		Lender ED Number		
Lender Street Address				
City		State	Zip Code	

I hereby certify that:

**The following cure procedure has been performed in order to allow reinstatement of guarantee:
(Check the appropriate box.)**

- ☐ Collection of a full payment in an amount at least as great as the monthly payment amount required under the existing terms of the loan, exclusive of any forbearance agreement in force at the time of the default.

a. Amount of Payment \$ _____

b. Date received _____

c. Type: __ Check __ Cash, Money Order, or other means which does not identify with the Payor.

- ☐ Received new signed repayment agreement from Borrower.

Date repayment agreement was received: _____

Note: Must include a copy of the curing instrument (copy of the curing payment or signed repayment agreement) as part of the claim file should the borrower subsequently default and a claim is filed.

Signature of Lending Official*		Date	
Printed Name	Title	Telephone Number	

* The signature certifies that the payment was not made by or on behalf of the Lender or Servicing Agent.

Mail this Request for Reinstatement of Guarantee to:

**Loan Services Department
Oklahoma Guaranteed Student Loan Program
P O Box 3000
Oklahoma City, Oklahoma 73101-3000**