

NLS LRAP AGREEMENT

Name: _____ Date of Hire: _____

Please list the loan(s) for which you are seeking reimbursement and attach the required lender verification (see LRAP Guidelines).

Lender Name and Address	Type of Loan	Payment Status	Original Amount Borrowed	Outstanding Balance	Monthly Installment Amount

I certify that the following is true and correct to the best of my knowledge:

- 1) I have read the LRAP Guidelines and I agree to abide by them at all times.
- 2) The loans listed above are for expenses of legal education only.
- 3) Please check one:
 I am not eligible for LRAP benefits from another source, OR
 I am eligible for another LRAP, but it does not meet my entire monthly loan burden. (Please attach proof of other LRAP sources.)
- 4) I agree to promptly notify NLS of any new information or changes to my loans.

Signature: _____ Date: _____