

EMPLOYER NOTICE OF CHANGE IN EMPLOYMENT
(Return to the Michigan Guaranty Agency upon employee termination)

In regards to the Student Loan Debt of: Name: _____
 Account ID: _____
 Account Number: _____

I, _____ (Signature), on behalf of
_____ (Business Name) notify the
Michigan Guaranty Agency of the following information.

The above named person is no longer employed by this company as of: _____

Employee's Last Known Address: _____

New Employer Name, Address & Telephone: _____
(if available) _____

By: _____ (Printed Name and Title)

Dated: _____

Telephone Number: _____

Fax Number: _____

Mail to: Michigan Guaranty Agency
 P.O. Box 30047
 Lansing, MI 48909

Telephone: 800-642-5626, Option 3 for AWG
Fax: 517-335-7449