EMPLOYER NOTICE OF CHANGE IN EMPLOYMENT
(Return to the Michigan Guaranty Agency if/when employee terminates employment)

In regards to the Student Loan Debt of: Name: _____

Account #: _____

Account CIN: _____

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 and:

Involuntarily terminated employment on _____

Voluntarily terminated employment on _____

For the following reason: _____

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
Fax: 517-373-1304

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