



IDFPR

Illinois Department of
Financial and Professional Regulation

Division of Banking

STUDENT LOAN INDUSTRY REPORTING FORM

Section 20-55 of the Student Loan Servicing Rights Act (“Act”) provides that a person licensed under the Act, or any other person, may report possible violations of the Act to Secretary of the Illinois Department of Financial and Professional Regulation (“IDFPR”).

I. REPORTING ENTITY INFORMATION

Report type: _____initial report _____update _____correction

Date of submission _____ License number (if applicable) _____

Reporting company’s name (if applicable) _____

Reporting person’s name _____

Phone _____ Email _____

I certify that, to the best of my knowledge, the information being reported herein is true and accurate.

Reporting person’s signature _____

Title _____

II. INCIDENT INFORMATION

(Complete Addendum A for each incident, Addendum B for each person involved, and Addendum C for each company involved.)

1. The incident being reported involves:

_____ Your company

_____ Third party

_____ N/A

2. Date of incident _____

3. Was the incident reported to any regulatory, governmental or law enforcement agency?

_____ No _____ Yes

If "yes," to which agency _____ Date reported _____

4. Information submitted supporting incident being reported – **check all that are applicable.**

_____ Document evidence

_____ Signed statement received

_____ One witness's signed statement

_____ Sworn testimony

_____ Affidavit received

_____ Two witnesses' signed statements

ADDENDUM A. INCIDENT INFORMATION

Complete an Addendum A for each incident being reported.

NOTE: If you do not submit documentation verifying the incident, you may be contacted by the Department for further information.

This addendum is limited to two typewritten pages, which should be attached to this form.

ADDENDUM B. PERSON INVOLVED

Complete an Addendum B for each alleged person involved in the violation you are reporting.

Individual's name _____

Individual's phone number _____ Email _____

Company that the individual is employed by (if known) _____

Company street address _____

City _____ State _____ Zip _____

Company taxpayer identification (if known) _____

Company phone number _____ Email _____

Other identifying information on individual: _____

ADDENDUM C. COMPANY INVOLVED

Complete an Addendum C for each alleged company involved in the violation you are reporting.

Company name (if known) _____

Company street address _____

City _____ State _____ Zip _____

Company taxpayer identification (if known) _____

Company phone number _____ Email _____

Company NMLS license number (if known) _____

Other identifying information on company (branches): _____
