

**KEENE SPEECH PATHOLOGISTS/SCHOOL PSYCHOLOGISTS  
STUDENT LOAN REPAYMENT**

**(Please submit to Human Resources, 193 Maple Ave., no later than November 1)**

Educational and/or financial institution to whom payment would be made:

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Attach: Proof of the loan

- 1) verification of monthly payment amount
- 2) year end summary of the repayment activity from the institution

I understand I am expected to return to the Keene School District for the school year following the year in which the contribution is made.

I have read and agree to the terms specified in the Classification/Payment of Keene Speech Pathologists/School Psychologists Policy #4140, Item 14. Student Loans.

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Name (please print)

School

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Signature

Date