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|OMB Number          3235-0362|
|Expires: September 30,1998|
|Estimated ave. burden |
|hours per response.....1.0|
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1.Name and Address of Reporting Person

1.Name and Address of Reporting Person*			2.Issuer Name and Ticker or Trading Symbol		6.Relationship of Reporting Person to Issuer (Check all Applicable)	
Hunt	Ronald	F.	USA Education,Inc. (SLM)		X	Director 10% Owner
(Last)	(First)	(MI)	3.IRS or Soc. Sec. No. of Reporting Person (Voluntary)		4.Statement for Month/ Year	
11600 Sallie Mae Drive					01/01/2000	
(Street)			5.If Amendment, Date of Original (Month/Year)		7. Individual or Joint/Group Filing (Check Applicable Line)	
Reston	VA	20193			X Form filed by One Reporting Person	
					Form filed by More than One Reporting Person	
(City)	(State)	(Zip)				

[illegible]

SEC 2270 (7-96)

TABLE II - Derivative Securities Acquired, Disposed of, Beneficially Owned
(e.g., puts, calls, warrants, options, convertible security)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Deriva- tive Security	3. Trans- action Date (Mon/ Day/ Year)	4. Tran- saction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 & 5)	6. Date and Expiration Date (Month/Day/ Year)	7. Title and Amount of Underlying Securities (Instr. 3 & 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Benefi- cially Owned at End of Year (Instr. 4)	10. Own- er's Form Deri- vatively or Dir- ectly (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) (D)	Date Ex- Exbl. Date	Title Amount or Number of Shares				

[illegible]

****Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).**

**Signature of Reporting Person

Note: File three copies of this form, one of which must be manually signed.
If space provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMD Number

