

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172

Fax: 708.534.1172 www.govst.edu/finaid

2015-2016 BANKRUPTCY STATUS FORM

STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork within **15 days** of receipt to Governors State University. **Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid** award

award.				
Student Name:Last	GSU ID	#	Last 4 digits of SS#:	
Permanent Home Address:				
	City	State	Zip Code	
Student's Date of Birth:	Home Phone #:		Cell #:	
Email Address:				
WHAT YOU SHOULD DO:				
The National Student Loan Data Sy eligibility for federal student aid w		ice that you are c	urrently in active bankruptcy. To c	determine
 Documentation from the holde 	er of your debt stating the debt is o	lischargeable or l	nas been discharged.	
	Or			
Copies of all letters received from the company of the compan	om the U.S. Department of Educat	ion or your lende	er explaining your student loan stat	tus.
Return this original form along	with documentation to our offic	e		
CERTIFICATION AND SIGNAT	URES			
Each person signing this workshee must sign and date this worksheet		on reported on it	is complete and correct. The stude	ent
Student's Signature	 Date	_	ou purposely give false or	

CRI CODE: FAC15BKY

may be fined, be sentenced to jail, or both.