

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172 www.govst.edu/finaid

2015-2016 DEFAULT OR OVERPAYMENT FORM

Student Name:			GSU ID #		Last 4 digits of SS#:
Please Print	Last	First			-
Permanent Home A	Address:				
	City			State	Zip Code
Student's Date of B	irth:	Home Pho	one #:		Cell #:
Email Address:		@student.govst.	edu		
programs to which any letters you may DEFAULT/OVER Return this origina I have attached the	you were not entity have received fro RPAYMENT VERI Il form to our office e following docume	cled. If your loan defam the U.S. Departme FICATION along with a copy of ontation.	ult or overpaym nt of Education (nent(s) has	
	n documentation yo from your loan age	ou are submitting; ncy showing that you or	ı have paid the l	oan in full	
☐ Copy of Satisfa payments.	ctory Repayment A	Arrangement from th	e loan agency, w	ith proof	of six consecutive, full, voluntary on-time
□ Copy of the let	ter from the U.S. De	or epartment of Educati	on that the over	payment l	has been resolved.
	ormation reported	on this document is a denial, reduction, w			nte. I understand that any false statements nent of financial aid.
Student's Signature	e	Date		mis	RNING: If you purposely give false or sleading information on this worksheet, you

CRI CODE: FAC15DEF