



2014-2015 Default or Overpayment Form

SECTION 1 - STUDENT INFORMATION

Student Name:			GSU ID #	Last 4 digits of SS#:
Please Print	Last	First		-
Permanent Hom	ne Address: City			
	City		S	State Zip Code
Student's Date of Birth:		Home Pho	one #:	Cell #:
Email Address: _.		@student.govst.	edu	
programs to wh any letters you n	ich you were not entit may have received fro FAULT/OVERPAYMEN	cled. If your loan defarm the U.S. Departme	ult or overpaymen nt of Education con	ny funds received from the federal student aid t(s) has been resolved, please provide our office wi firming resolution. ested documentation.
	the following docume			
☐ Copy of	f proof from your loan	agency showing that	t you have paid the	loan in full.
	Copy of Satisfactory Repayment Arrangement from the loan agency, with proof of six consecutive, full, voluntary ontime payments.			
□ Copy of	the letter from the U.	S. Department of Edu	ucation that the ove	erpayment has been resolved.
STEP:3 CERTIF	ICATION STATEMEN	T		
				accurate. I understand that any false statements repayment of financial aid.
 Student's Signat	Turo	 Date		WARNING: If you purposely give false or misleading information on this worksheet, you

CRI CODE: FAC14DEF

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