

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

2017-2018 DEFAULT OR OVERPAYMENT FORM

Student Name:			GSU ID #		_ Last 4 digits of SS#:
(Please Print)	Last	First			<u> </u>
Permanent Home A	ddress:				
	City			State	Zip Code
Student's Date of Bi	rth:	Home Pho	ne #:		Cell #:
Email Address:		@student.govst.	edu		
overpayment of fedoprograms to which	eral student aid fur you were not entit have received fron	nds. You are require led. If your loan defa n the U.S. Departme	d by law to repay ult or overpayme	any funds r nt(s) has be	l student loan and/or received an received from the federal student aid een resolved, please provide our office wi esolution.
Return this original	form to our office	along with a copy of	the following req	uested doc	umentation.
Please check which	documentation yo	u are submitting;			
☐ Copy of proof fr	om your loan ager	acy showing that you or	have paid the loa	ın in full.	
☐ Copy of Satisfact payments.	tory Repayment A	rrangement from the	e loan agency, wit	h proof of s	six consecutive, full, voluntary on-time
□ Copy of the lette	er from the U.S. De	or partment of Educati	on that the overpa	ayment has	s been resolved.
CERTIFICATION : I certify that all info or misrepresentatio	rmation reported o				I understand that any false statements t of financial aid.
Student's Signature		Date		mislea	NG: If you purposely give false or ding information on this worksheet, you e fined, be sentenced to jail, or both.

CRI CODE: FAC17DEF