

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

## 2025-2026 DEFAULT OR OVERPAYMENT FORM

Student Nam	ie:	G	SU ID #	Last 4 digits of SS#:	
(Please Pri		First			
Permanent F	Iome Address:				
	City		!	State Zip Code	
Student's Da	te of Birth:	Home Phone #	:	Cell #:	
Email Addre	ss:				
overpaymen programs to any letters y	t of federal student aid fu	nds. You are required by ed. If your loan default on the U.S. Department of	law to repay a r overpaymer	on a federal student loan and/or received an any funds received from the federal student aid ent(s) has been resolved, please provide our office with onfirming resolution.	
Return this o	original form to our office	along with a copy of the	following requ	uested documentation.	
Please check	which documentation yo	u are submitting;			
□ Copy of	Copy of proof from your loan agency showing that you have paid the loan in full.				
	**				
□ Copy of	or Copy of the letter from the U.S. Department of Education that the overpayment has been resolved.				
I certify that	•			nd accurate. I understand that any false statements r repayment of financial aid.	
Student's Sig	nature	Date		WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.	

CRI CODE: FAC25DEF