

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

## 2016-2017 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.** 

Student Name: Please Print Last	GSU II	) #	Last 4 digits of SS#:	
Permanent Home Address:				
	lity	State	Zip Code	
Student's Date of Birth:	Home Phone #:		Cell #:	
Email Address:	Loa	n Servicer(s)		
WHAT YOU SHOULD DO:				
The National Student Loan Data Sy access your records by going to <u>wv</u>			currently in active bankruptcy. You e website.	may
To determine eligibility for feder confirm that your loan(s) were n			atus prior to your bankruptcy, as ive bankruptcy.	well as
			loans are not discharged or dischar r documentation is needed, you wil	
CERTIFICATION AND SIGNAT	URES			
Each person signing this workshee must sign and date this worksheet.		ion reported on it	is complete and correct. The stude	nt
Student's Signature	 Date	WARNING: If		

CRI CODE: FAC16BKY