

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

2020-2021 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	one #:		Cell #:
Email Address:		@student.govst.	edu		
overpayment of fed programs to which	eral student aid fu you were not entit have received fro	nds. You are require cled. If your loan defa m the U.S. Departme	ed by law to rep ault or overpay	ay any fun nent(s) ha	eral student loan and/or received an ds received from the federal student aid is been resolved, please provide our office with gresolution.
Return this original	form to our office	along with a copy of	f the following 1	equested (documentation.
Please check which	documentation yo	ou are submitting;			
☐ Copy of proof fi	rom your loan age	ncy showing that you	u have paid the	loan in ful	1.
□ Copy of Satisface payments.	ctory Repayment A	or Arrangement from th	e loan agency,	with proof	of six consecutive, full, voluntary on-time
□ Copy of the lett	er from the U.S. De	or epartment of Educati	ion that the ove	rpayment	has been resolved.
	rmation reported	on this document is denial, reduction, w			ate. I understand that any false statements nent of financial aid.
Student's Signature		Date		mis	RNING: If you purposely give false or sleading information on this worksheet, you who fined he sentenced to iail, or both

CRI CODE: FAC20DEF