

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

2025-2026 BANKRUPTCY STATUS FORM

STUDENT INFORMATION

-				rk within 15 days of receipt to Go	
Student Name:		GSU ID #		Last 4 digits of SS#:	
Please Print	Last	First		-	
Permanent Home Ad					
	City			Zip Code	
Student's Date of Bir	th:	Home Phone #:		Cell #:	
Email Address:		Loa	Loan Servicer(s)		
To determine eligil confirm that your l Please sign this form Once we receive you contacted through G	bility for federal son(s) were not donated acknowledging the form, we will det SU e-mail.	lischarged or are discharge at you are in active bankrupt ermine your Financial Aid el	firm your loan eable in your a	status prior to your bankruptcy	nargeable.
CERTIFICATION A Each person signing must sign and date t	this worksheet cer		ion reported on	it is complete and correct. The stu	ıdent
Student's Signature		Date		If you purposely give false or information on this worksheet, you	

CRI CODE: FAC25BKY

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