Governors State UNIVERSITY

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

2026-2027 DEFAULT OR OVERPAYMENT FORM

STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork to Governors State University.
Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.

Student Name: _____ GovState ID#: _____ Last 4 digits of SS#: _____
Please Print Last First

Permanent Home Address: _____
City State Zip Code

Student's Date of Birth: _____Home Phone #: _____Cell #: _____

Email Address: _____

The U.S. Department of Education's records indicate that you are in default on a federal student loan and/or received an overpayment of federal student aid funds. You are required by law to repay any funds received from the federal student aid programs to which you were not entitled. If your loan default or overpayment(s) has been resolved, please provide our office with any letters you may have received from the U.S. Department of Education confirming resolution.

DEFAULT/OVERPAYMENT VERIFICATION

Return this original form to our office along with a copy of the following requested documentation.

Please check which documentation you are submitting;

☐ Copy of proof from your loan agency showing that you have paid the loan in full.

or

☐ Copy of Satisfactory Repayment Arrangement from the loan agency, with proof of six consecutive, full, voluntary on-time payments.

or

☐ Copy of the letter from the U.S. Department of Education that the overpayment has been resolved.

CERTIFICATION STATEMENT

I certify that all information reported on this document is true, complete, and accurate. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

_____
Student's Signature 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: FAC26DEF