UNIVERSITY OF ILLINOIS AT CHICAGO - Office of Student Financial Aid

1200 W. Harrison St., M/C 334 - Chicago, IL 60607-7163 - Phone: (312) 996-3126 Document Fax Line: (312) 996-3385 **College of Medicine**: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

2017-2018 Default or Overpayment Verification

Last Name	First Name	M.I.	Email
Street Address	City	State	Zip Code
2. Please submit all docui	orksheet. You must answer all	the questions and the form mu	ist be <u>SIGNED</u> .
overpayment of federal stuprograms to which you we	udent aid funds. You are requing re not entitled. If your loan def	red by law to repay any funds r ault or overpayment(s) has be	I student loan and/or received an received from the federal student aid en resolved, please provide the Office opartment of Education confirming
Section B – Default	/Overpayment Verificati	on	
I have attached the following	ng documentation <i>(please che</i>	ck):	
Copy of Satisfacto time payments.	ry Repayment Arrangement fro	at you have paid the loan in full. om the loan agency, with proof ducation that the overpayment I	of six consecutive, full, voluntary on-
Section C - Studen	t Signature		
1. Clearly	s form to the Office of Student I print UIN on every page of 8 all appropriate signatures.	Financial Aid. When submitting ½ x 11 legible copies.	documentation:
I certify that the information	n provided on this form and any	/ attachments are true and corr	rect.
Student Signature	Dat	te	
ENTER YOUR 9-DIGIT	TUIN		

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