UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships
1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126
College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127



2023-2024 Default or Overpayment Verification

Last Name	First Name	M.I.	Email
2. Please submit all 3. Clearly print UIN of The U.S. Department overpayment of fede programs to which you you received from the	ire worksheet. You must answer a documents at the same time. on every page of 8 ½ x 11 legible of the following of the following	copies. nat you are in default on a uired by law to repay any lefault or overpayment(s) onfirming resolution.	form must be <u>SIGNED</u> . a federal student loan and/or received an of funds received from the federal student aid has been resolved, please provide any letters
	ollowing documentation <i>(please cl</i>		
□ Satisfactory I on-time payn □ Rehabilitation on-time payn	n Repayment Arrangement from the nents. ne U.S. Department of Education s	loan agency, with proof one loan agency, with proo	f of nine consecutive, full, voluntary
IMPORTANT: Retu 1. C	rn this form to Student Financial A learly print UIN on every page o clude all appropriate signatures	f 8 ½ x 11 legible copies	
I certify that the inform	mation provided on this form and a	any attachments are true	and correct.
Student Signature		Date	
ENTER YOUR 9-	DIGIT UIN 🔷		

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