

**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

**2016-2017 Default or Overpayment Verification**

**Section A – Student Information (Please print clearly)**

|                |            |       |          |
|----------------|------------|-------|----------|
| Last Name      | First Name | M.I.  | Email    |
| Street Address | City       | State | Zip Code |

**What you should do:**

1. Complete this entire worksheet. You must answer all the questions and the form must be SIGNED.
2. Please submit all documents at the same time.
3. Clearly print UIN on every page of 8 ½ x 11 legible copies.

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 the Office of Student Financial Aid (OSFA) with any letters you may have received from the U.S. Department of Education confirming resolution.

**Section B – Default/Overpayment Verification**

I have attached the following documentation (*please check*):

- Copy of proof from your loan agency showing that you have paid the loan in full.
- Copy of Satisfactory Repayment Arrangement from the loan agency, with proof of six consecutive, full, voluntary on-time payments.
- Copy of the letter from the U.S. Department of Education that the overpayment has been resolved.

**Section C – Student Signature**

**IMPORTANT:** Return this form to the Office of Student Financial Aid. When submitting documentation:

1. Clearly print UIN on every page of 8 ½ x 11 legible copies.
2. Include all appropriate signatures.

I certify that the information provided on this form and any attachments are true and correct.

|                   |      |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

ENTER YOUR 9-DIGIT UIN 

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