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| DATE OF REQUEST |
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FEDERAL HEALTH EDUCATION ASSISTANCE LOAN PROGRAM
 REQUEST FOR COLLECTION ASSISTANCE

(42 U.S.C. 292-2920)

Public Burden Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a valid OMS control number. The valid OMB control number for this information collection is 0915-0036. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

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|------------------------|-----------------------|-------------------------|--|--------|
| FROM: (Name of Lender) | LENDER IDENTIFICATION | SERVICER IDENTIFICATION | TO: Debt Management Branch, PSC Health and Human Services 5600 Fishers Lane, Room 8A-45 Rockville, MD 20857 | |
| STREET ADDRESS | CITY AND STATE | | ZIP CODE | |
| NAME AND TITLE | | | TELEPHONE | |
| | | | AREA CODE | NUMBER |

We request your assistance on the Delinquent Borrower below:

| | | | | |
|------------------------------------|-------------------------------|---|---------------------------------|--------|
| NAME OF BORROWER (Last, First, MI) | DISCIPLINE | SOCIAL SECURITY NUMBER | TELEPHONE | |
| | ----- | | AREA CODE | NUMBER |
| MAILING ADDRESS - STREET | CITY | STATE | ZIP CODE | |
| LAST SCHOOL ATTENDED | SCHOOL IDENTIFICATION | DATE OF SCHOOL | | |
| | | <input type="checkbox"/> Graduation _____ | | |
| | | <input type="checkbox"/> Withdrawal _____ | | |
| NAME OF NEAREST RELATIVE | ADDRESS (STREET) | | | |
| | (CITY) | (STATE) | (ZIP CODE) | |
| NAME OF PARENT OR GUARDIAN | ADDRESS (STREET) | | | |
| | (CITY) | (STATE) | (ZIP CODE) | |
| ORIGINAL PRINCIPAL LOAN AMOUNT | UNPAID PRINCIPAL AND INTEREST | PERCENT INTEREST | NUMBER OF PAYMENTS MADE TO DATE | |

REASON FOR THIS REQUEST (Check one)

1. STUDENT IS DELINQUENT ON MONTHLY PAYMENTS

| | |
|--------------------|----------------------|
| NUMBER OF PAYMENTS | AMOUNT DUE PER MONTH |
|--------------------|----------------------|

2. SKIP

3. OTHER (Explain)

WARNING: Any person who knowingly makes a false statement or misrepresentations in a HEAL loan transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan, or commits any other illegal action in connection with a HEAL loan is subject to possible fine and imprisonment under Federal statute.