

PAPERWORK REDUCTION ACT

CHANGE WORKSHEET

Agency/Subagency Department of Education – FSA – Federal Student Aid		OMB Control Number 1845-0045v. 47	
Enter only items that change			
		Current Record	New Record
Agency form number(s)	NA		NA
Annual reporting and record keeping hour burden			
Number of respondents	100		
Total annual responses	100		
Percent of these responses collected electronically	100%		
Total annual hours	50		
Difference			NA
Explanation of difference Program Change			NA
Adjustment			NA
Annual reporting and record keeping cost burden (in thousands of dollars)			
Total annualized capital/startup costs	NA		NA
Total annual costs (O&M)	NA		NA
Total annualized cost requested	NA		NA
Difference			NA
Explanation of difference Program Change			NA
Adjustment			NA
Other change** This collection does not increase the burden on the general public, as prior OMB approval has been received under the master plan for customer satisfaction surveys. This survey falls under the master plan guidelines.			
Signature of Senior Officer or designee:	Date: January 23, 2009	For OIRA Use _____ _____	

****This form cannot be used to extend an expiration date**

