

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**

