U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Bureau of Health Profession

Bureau of Health Profession Rockville, MD 20857

FORM APPROVED
OMB No. 0915-0036
EXP DATE:

FEDERAL HEALTH EDUCATION ASSISTANCE LOAN (HEAL) PROGRAM REQUEST FOR COLLECTION ASSISTANCE (42 U.S.C. 292-2920)

DATE OF REQUEST

PUBLIC BURDEN STATEMENT : A required to respond to a collection of information complete this information collection is estimated the data needed, and complete and review the information.	unless it o	displays a vali e 10 minutes p	d OMB control i	number for t	his informati	on collectio	n is 0915-0	0036. The time required to
FROM (Name of Lender)	LENDER IDENTIFICATIO			SERVICER IDENTIFICATION		TO: Debt Management Branch, PSC Health and Human Services 5600 Fishers Lane, Room 11-61		
STREET ADDRESS	CIT	CITY AND STATE ZIP CODE			E	Rockville, MD 20857		
NAME AND TITLE				!				ELEPHONE
						AREA C	ODE	NUMBER
We request your assistance on the De	linquen DISCII			IIDITY NI II	MDED	TELEPH	ONE	
NAME OF BORROWER (Last, First, MI)	DISCI	PLINE	SOCIAL SEC	SOCIAL SECURITY NUMBER			ODE	NUMBER
MAILING ADDRESS			CITY			STATE		ZIP CODE
LAST SCHOOL ATTENDED					☐ Gra	OOL DATE raduation //ithdrawal		
NAME OF NEAREST RELATIVE		ADDRESS						
		CITY		STATE			ZIP CODE	
NAME OF PARENT OR GUARDIAN		ADDRESS						
		CITY			STATE			ZIP CODE
ORIGINAL PRINCIPAL LOAN AMOUNT	UNPAID	PRINCIPAL .	AND INTERES	ST PERCENT INTE		EREST	REST NUMBER OF PAYMENTS MADE TO DATE	
REASON FOR THIS REQUEST (Check one) 1a. STUDENT IS DELINQUENT ON MONTHLY PAYMENTS 1b. REFINANCED LOAN Yes No								
NUMBER OF PAYMENTS AMOUNT DUE PER MONTH \$								
2. ☐ SKIP								
3. OTHER (Explain) WARNING: Any person who knowingly ma fraudulently obtains a HEAL loan, or commits an								

HRSA-513 (9/05)

statute.