U. S. DEPARTMENT OF EDUCATION Federal Student Aid

FORM APPROVED
OMB No. 1845-0127
EXP DATE:

FEDERAL HEALTH EDUCATION ASSISTANCE LOAN (HEAL) PROGRAM REQUEST FOR COLLECTION ASSISTANCE

(42 U.S.C. 292-2920) and the Consolidated Appropriation Act, 2014

DATE OF REQUEST	

PRA Burden Statement: According to the Pape displays a valid OMB control number. The va information is estimated to average 10 minutes plata needed, and completing and reviewing the A, Subpart I of the Public Health Service Act (42 byour individual submission of this form, please of Please do not return the completed form to this according to the Paper of the Property of the Paper of the Pape	lid OMB control number per response, including collection of information. J.S.C. 294m) and the Contact the HEAL Program	er for this inform- time for reviewin The obligation to onsolidated Appro	ation colled g instructio o respond to priations A	ction is 1845-01 ns, searching ex o this collection act, 2014). If you	.27. Public xisting data : is required to the table have communication in the communicatio	reporting sources, g o obtain on nent or con	burden for this collection of athering and maintaining the retain benefit (Title VII, Part cerns regarding the status of
FROM (Name of Lender)			SERVI IDENT	CER IFICATION	TO: Department of Education, Program Support Center (PSC) 12501 Ardennes Ave., Suite 100		upport Center (PSC)
STREET ADDRESS	CITY AND STA	ATE	ZIP CC	DDE	Rockville, MD 20857		
NAME AND TITLE				AREA CO		ELEPHONE NUMBER	
					THE TO		NOMBER
We request your assistance on the Do					T		
NAME OF BORROWER (Last, First, MI)	(Last, First, MI) DISCIPLINE SOCIAL SECURITY NUMBER			UMBER	TELEPHONE		
					AREA CODE		NUMBER
MAILING ADDRESS		CITY			STATE		ZIP CODE
LAST SCHOOL ATTENDED S		IDENTIFICATION TO THE PROPERTY OF THE PROPERTY	ON	SCHOO	DL DATE		
					aduationithdrawal		
NAME OF NEAREST RELATIVE ADDRESS							
	CHTT			OTT A TOTA			ZID CODE
	CITY STATE			STATE		ZIP CODE	
NAME OF PARENT OR GUARDIAN	ADDRESS	ADDRESS					
	CITY			STATE			ZIP CODE
ORIGINAL PRINCIPAL LOAN AMOUNT	UNPAID PRINCIPAI	RINCIPAL AND INTEREST PERCENT INTE			REST NUMBER OF PAYMENTS MADE TO DATE		
REASON FOR THIS REQUEST (Check one)							
1a. ☐ STUDENT IS DELINQUENT ON MC	ONTHLY PAYMENTS		1b.	REFINANCE	D LOAN	Yes 🗆	No 📙
NUMBER OF PAYMENTS	AMOUNT DUE PE	AMOUNT DUE PER MONTH					
	\$						
2. SKIP							
3. OTHER (Explain)							
WARNING : Any person who knowingly ma fraudulently obtains a HEAL loan, or commits at							