

National Health Service Corps Students to Service Loan Repayment Program Verification of Good Standing

(To be completed by a school official only)

The Verification of Good Standing report certifies that the student identified below is enrolled and in good standing for the 2016-17 academic year as indicated. Please note that all information will be verified for accuracy.

School Official's Signature	Printed Name	Date
	information may be punishable as a fe	-
• •	re necessary, I have corrected the "Ye rately reflect the anticipated graduatic	-
, ,	that the current status of the student I	
8. Anticipated date of graduation	/mm/dd/yyyy):	
7. When will the all course work a	nd rotations be completed?	
6. Is the student in their final year	of the program: Yes No	
5. Degree the student will receive	upon completion of the program:	
4. Is the student in good standing?	' (If NO, please explain):	
3. What program is the student cu	rrently enrolled in:	
2. Student's SSN (Last 4 digits):		
1. Student's Name (First, Middle I	nitial, Last):	

School Official 3 Signature		Date
Title	Phone	Email
Name of School		

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0146. Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. 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 14N39, Rockville, MD 20857.

Student may upload signed form to the NHSC S2S LRP Online Application: https://programportal.hrsa.gov/

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