U. S. DEPARTMENT OF EDUCATION
Federal Student Aid

OMB No. 1845-0127
EXP DATE: **Form Under Review**

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

DATE OF REQUEST

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

FROM (Name of Lender)	LENDER IDENTIFICATION	SERVICER IDENTIFICATION	TO: Department of Education, Program Support Center (PSC) Accounting Services – Debt Collection 7700 Wisconsin Avenue, Mail Stop 10230B Suite 8-8110D Bethesda, MD 20857
STREET ADDRESS	CITY AND STATE	ZIP CODE	

NAME AND TITLE	TELEPHONE	
	AREA CODE	NUMBER

We request your assistance on the Delinquent Borrower below:

NAME OF BORROWER (Last, First, MI)	DISCIPLINE	SOCIAL SECURITY NUMBER	TELEPHONE	
			AREA CODE	NUMBER
MAILING ADDRESS		CITY	STATE	ZIP CODE

LAST SCHOOL ATTENDED	SCHOOL IDENTIFICATION	SCHOOL DATE ☐ Graduation_____ ☐ Withdrawal_____
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 INTEREST	PERCENT INTEREST	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 makes a false statement or misrepresentations in a HEAL loan transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan, or commits any other illegal action in connection with a HEAL loan, is subject to possible fine(s) and imprisonment under Federal statute.