

GEORGIA STUDENT FINANCE AUTHORITY

2082 EAST EXCHANGE PLACE, SUITE 200
TUCKER, GA 30084
(770) 724-9000
(800) 505-4732 TOLL FREE

PLEASE COMPLETE AND RETURN TO REQUEST SERVICE CANCELLATION OF ELIGIBLE LOANS

Name: _____ Social Security or Acct. No. _____
Last First Maiden MI

Address: Street _____ Telephone () _____
City _____ State _____ Zip _____

COMPLETE THE APPROPRIATE SECTION BELOW

CAREER FIELD SITE OF EMPLOYMENT VERIFICATION (SEE REVERSE)

This is to certify my current employment in the position named below for service cancellation of my GSFA obligation

Beginning Date: _____ Current Position: _____

I work () Fulltime @ 36 to 40 hours per week or *() Part-time @ _____ hours per week

Employer: _____ Shift Hours: From _____ To _____

Address: _____ Business Phone: () _____
Area Code & Number

Are you reporting a change of employment? () YES () NO

COUNTY: _____

Nurse Recipients Only: RN/LPN License # _____
(Temporary permit not acceptable for cancellation)
Date First Issued _____

*Part-time employment must be approved by GSFA. Please explain the reason(s) for part-time employment. Credit cannot be approved for less than 20 hours per week. Also, credit for part-time employment is prorated at 50% fulltime credit.

EMPLOYER'S VERIFICATION: I hereby certify that the above individual is employed at this institution in the position and for the number of hours indicated above.
Signature: _____ Date: _____

TEACHER EDUCATION SITE OF EMPLOYMENT VERIFICATION (SEE REVERSE)

This is to certify my current employment in the teacher position named below for service cancellation of my GSFA obligation.

I work () Fulltime or Part-time @ _____ hours per week. Beginning Date: _____

Teaching Field _____ EMPLOYING SCHOOL SYSTEM (COUNTY) _____

ADDRESS _____

MY BUSINESS PHONE: () _____

RECIPIENT'S VERIFICATION: I hereby certify that the above information is true and acknowledge my responsibility to notify the GSFA of any change in my permanent mailing address or status.

Signature: _____ Date: _____

EMPLOYER'S VERIFICATION: I hereby certify that the above individual is employed at this institution and in the position indicated above.

*Signature: _____ Date: _____

*Must be signed by Superintendent. Also, submit a copy of Teacher Certificate

YOU MAY REQUEST CONSIDERATION FOR SERVICE CANCELLATION ELIGIBILITY UNDER THE FOLLOWING CONDITIONS:

1. You are employed full-time at an approved site in Georgia, and
2. You have satisfied any State of Georgia examination, licensing or certification requirements. Temporary permits (GN, GPN) and provisional certificates (B, PA) are not acceptable for service cancellation credit, and
3. This employment verification form is completed and returned to:

Georgia Student Finance Authority
GSFA Service Repayment
2082 East Exchange Place
Tucker, Georgia 30084

Upon approval of service cancellation employment, GSFA will update your account to reflect service credit monthly based on receipt of your Quarterly Notification of status form.

A **Quarterly Notification of Status** form will be sent to you requesting updated information on your employment status. The form must be completed and returned by the date indicated or your service cancellation option will be forfeited.

Please keep us informed of any change in your name, address or employment status. Contact this office at (770) 724-9400 if you have any questions.