

**QUARTERLY NOTIFICATION OF STATUS
GSFA SERVICE REPAYMENT ACCOUNT**

***DUE DATES ARE ALWAYS DUE THE 15TH OF:
January, April, July, and October***

***FAILURE TO RESPOND BY THE DUE DATE WILL
JEOPARDIZE YOUR SERVICE REPAYMENT OPTION.***

Name: _____
Last First Maiden MI

Social Security #: _____

Address: Street _____

Telephone #: () _____
Area Code and Number

City _____ State _____ Zip Code _____

Address change Yes() No()

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

Signature: _____ Date: _____

COMPLETE ONE SECTION BELOW AND RETURN IMMEDIATELY

SITE OF EMPLOYMENT: This is to certify my current employment in the position named below for service repayment of my GSFA obligation.

Beginning Date: _____

Current Position: _____

I work () Fulltime @ 36 to 40 hours per week or

*() Part-time @ _____ hours per week

Employers: _____

Shift Hours: From _____ To _____

Address: _____

Business(_____) _____

Are you reporting a change of employment? Yes () No ()

COUNTY: _____

Nurse Recipients Only: RN/LPN License # _____

Date First Issued: _____

* Part-time employment must be approved by GSFA. Please explain the reason(s) for part-time employment on the reverse side. 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:** _____

REQUEST FOR DEFERMENT: I request deferment of repayment of my GSFA account from _____ to _____.
Date Date

REQUEST FOR CASH REPAYMENT: I am unable to repay my account(s) by service at this time and request information on cash repayment.

**GEORGIA STUDENT FINANCE AUTHORITY
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Tucker, Georgia 30084
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