

Information Required When a School Refers Student Overpayments to the Default Resolution Group (Referrals Must Be Provided on School Letterhead)

Student Information

Name (Last, First, MI): _____ Address: _____

Telephone Number: _____

Social Security Number: _____ Date of Birth: _____

If the overpayment includes a TEACH Grant, enter the Award Identifier (ID) used when the award was created in COD.

TEACH Award ID: _____

Parent/Spouse Information

Name (Last, First, MI): _____ Address: _____

Telephone Number: _____

School Information

If your Pell Reporting ID is different than your Pell Attended ID, please provide both. Otherwise, just report the Pell Attended ID.

Reporting School's Pell ID Number: _____ Attending School's Pell ID Number: _____

If your school does not have a Pell ID, enter your OPE ID: _____

Name of Contact: _____ Telephone Number: _____

Disbursements and Repayments

| | Pell Grant | FSEOG ¹ | TEACH Grant |
|--|------------|--------------------|-------------|
| Award year in which overpayment was disbursed: | _____ | _____ | _____ |
| Total grant disbursed: | _____ | _____ | _____ |
| Dates of disbursement: (Must match NSLDS overpayment record) | _____ | _____ | _____ |
| Overpayment amount owed by student * | _____ | _____ | _____ |
| Total grant repaid by student to school, if any: | _____ | _____ | _____ |
| Date of last payment to school, if any: | _____ | _____ | _____ |
| Total being referred for collection: | _____ | _____ | _____ |

¹ If using individual or aggregate matching, report federal share only. Otherwise report total FSEOG.

* If the overpayment is the result of a withdrawal, provide the date of the withdrawal.

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If the overpayment is **not** the result of a withdrawal, please provide a brief explanation of the reason for the overpayment.

SEND INFORMATION TO → Student Loan Processing Center-Overpayments
P.O. Box 4157
Greenville, Texas 75403

903-454-2243 ← FAX