Verification of Georgia National Guard Loan Cancellation Form

GSFA | Georgia Student Finance Authority

Instructions: The applicant should complete Part A, then submit the form to the Postsecondary Institution and the Georgia National Guard for completion. The form should be uploaded or mailed to GSFA.

Upload a digital image of your completed form by signing into your GAfutures account, go to My GAfutures – select *My GSFA State Loan (Pathways)* OR

Mail the completed form to: Georgia Student Finance Authority, 2082 East Exchange Place, Suite 240, Tucker, Georgia 30084.

Note: To be eligible for consideration of loan cancellation, the completed form must be sent to GSFA at the end of each spring term in which funds were received.

Part A- To be completed by Applicant

Georgia National Guard Membership (check and complete one)

❑ Army National Guard Unit: ❑ Air National Guard Unit:

1.Last Name, First Name, Middle Initial		
2. Social Security Number or Account Number	3. Area Code and Phone	
4. Permanent Mailing Address		
5. City	6. State	7. Zip Code

Applicant Certification

I am requesting cancellation of the Georgia National Guard loan received for the loan period in #11 below. I certify I maintained a 2.0 cumulative grade point average and I am a member in good standing of the Georgia Army or Air National Guard for the loan period.

8. Applicant Signature _____ 9. Date _____

Part B-To be completed by Postsecondary Institution Official

10. Postsecondary Institution Name Federal School Code

11. Enrollment Period for which the applicant received the Georgia National Guard Funds:

From_____ to _____
Loan period begin date Loan period end date

Postsecondary Institution Official Certification

I certify the applicant has maintained a cumulative 2.0 grade point average for the period of the loan for which the loan funds were received. I certify that the information provided is true, correct and complete to the best of my knowledge and belief.

12.._____ 13._____
Print Name of Authorized School Official Signature of Authorized School Official

14._____ 15._____ 16._____
Title Area Code and Phone Number Date

Part C- To be completed by Georgia National Guard Official

Georgia National Guard Certification

I certify the applicant is a member, in good standing of the Georgia Army or Air National Guard for the period referenced in # 11 above. I certify that the information provided is true, correct and complete to the best of my knowledge and belief.

17._____ 18. _____
Print Name of Supervising Officer Signature of Supervising Officer

19._____ 20._____ 21._____
Title or Rank Area Code and Phone Number Date