U. S. DEPARTMENT OF EDUCATION
Federal Student Aid

OMB No. 1845-0127
EXP DATE: 7/31/2023

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

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

DATE OF REQUEST

PRA Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0127. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Title VII, Part A, Subpart I of the Public Health Service Act (42 U.S.C. 294m) and the Consolidated Appropriations Act, 2014). If you have comment or concerns regarding the status of your individual submission of this form, please contact the HEAL Program, U.S. Department of Education, 830 First Street NE, Washington, DC, 20202 directly. [Note: Please do not return the completed form to this address.]

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.