

Instructions: The applicant should complete Part A, then submit the form to the Postsecondary Institution and the Georgia National Guard for completion. The completed form can be mailed or faxed to the **Georgia Student Finance Authority, 2082 East Exchange Place, Tucker, GA 30084. Fax number 770.724.9209**

**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		
<b>Georgia National Guard Membership</b> (check and complete one)		
<input type="checkbox"/> Army National Guard Unit:	<input type="checkbox"/> 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
<b>Applicant Certification</b> 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	
<b>Postsecondary Institution Official Certification</b> 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		
<b>Georgia National Guard Certification</b> 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