



Instructions: The applicant should complete Part A, then submit the form to the Postsecondary Institution and the Georgia National Guard for completion. **Return completed form with applicable supporting documentation to GSFA via:**

Secure Document Upload on [Pathways2GSFA.org](https://Pathways2GSFA.org) (click to upload the documents)  
Mail: Georgia Student Finance Authority, 2082 East Exchange Place, Tucker, Georgia 30084  
Fax: 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 end date
Loan period begin 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. _____ Print Name of Authorized School Official	13. _____ Signature of Authorized School Official	
14. _____ Title	15. _____ Area Code and Phone Number	16. _____ 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. _____ Print Name of Supervising Officer	18. _____ Signature of Supervising Officer	
19. _____ Title or Rank	20. _____ Area Code and Phone Number	21. _____ Date