

GEORGIA STUDENT FINANCE AUTHORITY

**TO: Former Osteopathic
Medical Loan Recipients**

RE: Residency Plans and Verification

NOTICE: IF YOU FAIL TO RESPOND TO THIS INQUIRY WITHIN 30 DAYS, OR TO KEEP GSFA INFORMED OF ANY CHANGE OF NAME OR ADDRESS, YOU COULD LOSE YOUR ELIGIBILITY FOR CANCELLATION PRIVILEGES BY SERVICES RENDERED AND YOUR ACCOUNT WOULD BECOME REPAYABLE IN CASH WITH INTEREST.

Part A – IDENTIFICATION INFORMATION

Name: _____ Social Security #: _____

PERMANENT MAILING ADDRESS

Street: _____ Telephone: () _____

City: _____ State: _____ Zip: _____

PART B – RESIDENCY PLANS

Check One

- () 1. I plan to continue in my current Residency program and request the renewal of my loan deferment for an additional year.
- () 2. I will not be participating in a Residency program during the next 12 months. My plans are as follows: _____

If you checked item 1 in Part B, have your Residency Supervisor complete Part C.

PART C – RESIDENCY VERIFICATION

I certify that the individual named above is satisfactorily participating in a Residency Program as follows:

Name of facility: _____

Address: _____

Type of Residency Program: _____

Beginning Date: _____ Ending Date: _____

Supervisor's Signature: _____ Date: _____

Title: _____

RETURN COMPLETED FORM TO:

**Georgia Student Finance Commission
2082 E. Exchange Place, Suite 240
Tucker, GA 30084 - (770) 724-9000**