

GEORGIA STUDENT FINANCE AUTHORITY
2082 EAST EXCHANGE PLACE, SUITE 200
TUCKER, GA 30084
770-724-9000

ICAPP WORK VERIFICATION FORM

PLEASE COMPLETE AND RETURN (SEE REVERSE SIDE) TO REQUEST SERVICE CANCELLATION OF ELIGIBLE LOANS

Name: _____ Social Security #: _____
Last First Maiden MI

Address: Street _____ Telephone (____) _____
City _____ State _____ Zip _____

COMPLETE THE APPROPRIATE SECTION BELOW

COMPUTER CAREER FIELD SITE OF EMPLOYMENT VERIFICATION (SEE REVERSE)

This is to certify my current employment in the position named below for service cancellation of my GSFA obligation

Beginning Date: _____ Current Position: _____

I work () Full-time @ 37 1/2 to 40 hours per week or *() Part-time @ _____ hours per week

Employer: _____ Shift Hours: From _____ To _____

Address: _____ Business Phone: (____) _____
Area Code & Number

Are you reporting a change of employment? () YES () NO

Please attach a copy of your ICAPP Certificate received upon completion of your program of study at the College /University you attended.

COUNTY: _____

**Part-time employment must be approved by GSFA. Please explain the reason(s) for part-time employment. Credit cannot be approved for less than 20 hours per week. Also, credit for part-time employment is prorated at 50% full-time credit. **Remember you only have 5 years to work ICAPP loans off with service.

EMPLOYER'S VERIFICATION:

I hereby certify that the above individual is employed at this institution in the position and for the number of hours indicated above.

Signature: _____ **Date:** _____

YOU MAY REQUEST CONSIDERATION FOR SERVICE CANCELLATION ELIGIBILITY WHEN:

1. You are employed full-time at an approved site in Georgia,
and
2. You have satisfied any State of Georgia examination, licensing or certification requirements.
and
3. This employment verification form is completed and returned to:

Georgia Student Finance Authority
GSFA Service Repayment
2082 East Exchange Place, Suite 102
Tucker, Georgia 30084

A Quarterly Notification of Status form will be sent to you requesting updated information on your employment status. The form must be completed and returned by the date indicated or your service cancellation option will be forfeited.

Please keep us informed of any change in your name, address or employment status. Contact this office at (770) 724-9000 or (800) 505-4732 ext 9000 if you have any questions.