University of Illinois Springfield -- Office of Financial Aid 2024-25 Overpayment Verification

Section A - Student Information (Please print clearly)

OVPY-O

UIN:		Email:	
Last Name :		Current Address:	
First Name :		City & State :	
M.I.:		Zip Code :	
What you should do:			
1. Complete this e	entire worksheet. You must ansv	wer all the questions and the form must be <u>SIGNED</u> .	
2. Submit 8 ½ x 1	1 legible copies of documentation	on requested.	
Please upload a	Il documents at the same time.		
receive any federal studen	t aid until your overpayment has to our office. To resolve your ov	which you were not entitled. Additionally, you are ineligible is been resolved and you submit documentation from the beerpayment, you must contact Federal Student Aid at (80	U.S.
Return this original form to overpayment has been re		the letter from the U.S. Department of Education that you	ır
Section C – Student Sig	<u>nature</u>		
IMPORTANT: Please	upload this form and supporting	documentation to the Financial Aid Home Page on Self-	Service.
_	print UIN on every page of 8 ½ all appropriate signatures.	x 11 legible copies.	
I certify that the infor	mation provided on this form and	d any attachments are true and correct.	
	Student Signature	Date	

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