RETURN TO FINANCIAL AID OFFICE:



Student:

2023-2024 EARLY REFERRAL DOE OVERPAYMENT (FFJA81)

Date:

STUDENT INFORMATION			
Last Name	First Name	M.I.	Student ID#
of Education. By sign		give permission for t	ting a payment plan with the U.S. Department he Folsom Lake College Financial Aid Office leadline.
Once my overpaymen overpayment at Folson		epay the U.S. Departn	nent of Education and cannot repay my
	nce your overpayment has been the request to the Folsom Lake C		Department of Education. If you choose this Office.
CERTIFICATION AND	SIGNATURE		
By signing this form, I c Department of Education	•	and, and agree to have n	ny overpayment transferred early to the U.S.