REQUEST FOR REAFFIRMATION LETTER

OFFICE OF FINANCIAL AID 1000 GALVIN RD S BELLEVUE, NE 68005



Name:	
Date:	
Student SSN#:	
form you authorize Bellevue University to initiate a	dicates that you have received an overpayment of federal student aid funds. By submitting this request for reaffirmation letter on your behalf. Once we have received your completed er with the necessary information to initiate the process. Please monitor your student email
For more detailed information regarding your federal overpayment, please visit the National Student Loan Data System (NSLDS) for Students website at https://nslds.ed.gov/nslds_SA/ or by calling 1-800-433-3243.	
Your signature authorizes Bellevue University initia	te this process release the information listed below and initiate the process on your behalf.
Student's signature:	Date:
	SCHOOL CERTIFYING OFFICIAL* Please do not write below this line, thank you.
Reaffirmation Request Date:	Institution Name: Bellevue University OPEID: 00974300
Certifying Official (Name, Title, Phone): _	
Certifying Official's Signature:	
Student Name:	Student SSN:
Student DOB:	Dependency Status:
OVERAWARD DETAILS	
Reason for Overaward:	Amount of Overaward:
Loan amount:	Loan Period:
Loan type:	DL Loan Year: Aid Year Reconciled Y/N:
Current outstanding aggregate subsidized	d loan balance:
Current outstanding aggregate unsubsidi	zed loan balance:
Current amount of unsubsidized eligibilit	v: