



**STUDENT INFORMATION**

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Last Name	First Name	M.I.	Student ID#
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**By submitting this early referral request, you may no longer make a payment to Sacramento City College for the federal portion of your overpayment. Additionally, you are no longer eligible to receive federal financial aid. It will take the U.S. Department of Education approximately 6-8 weeks to update your account information.**

I cannot repay my federal grant overpayment in full at Sacramento City College within 45 days. I will make a payment plan of the federal portion of my overpayment with the U.S. Department of Education. By signing my name below, I give permission for the Sacramento City College Financial Aid Office to forward my information to the U.S. Department of Education before the 45 day deadline.

Once my overpayment has been forwarded, I MUST repay the U.S. Department of Education and cannot repay the federal share of my overpayment at Sacramento City College. I will be notified once my overpayment has been forwarded to the Department of Education.

**CERTIFICATION AND SIGNATURE**

[Upload Form](#)

By signing this form, I certify that all the information reported is complete and correct.

**WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_