



REQUESTOR INFORMATION

Name: _____

Phone: _____

Email: _____

UW System EMPLID (if known): _____ (System EMPLID is an 8-digit # starting with 0.)

INSTRUCTIONS

- Print the PSLF form provided by Dept of Education at StudentAid.gov.
- This cover sheet is only applicable for printed PSLF certification requests.
- Complete Page 1 (UW-Shared Services will verify or complete information on Page 2). Official employer name, FEIN, and address are located at: uwservice.wisconsin.edu/loan-forgiveness
- Sign and date Page 1.
- Select only **ONE** of the following:
 - ☐ I would like UWSS to fax my PSLF form to MOHELA (866-222-7060) and send me a copy (provide personal mailing address/fax to send your copy). PSLF forms won't be sent via email unless SSN is removed.

Date UW-Shared Services faxed your application to MOHELA: _____

- ☐ I will send PSLF to my loan provider directly. Please return original to me (provide return address/fax in space below. PSLF forms won't be sent via email unless SSN is removed.

- Fax, mail, or drop-off PSLF application with this cover sheet to 608-890-2327 or 608-890-2371 or UW Shared Services, 660 West Washington Ave, Suite 201, Madison, WI 53703.

OR visit uwservice.wisconsin.edu/loan-forgiveness for instructions on how to submit electronically (no cover sheet required for electronic submissions). Website contains helpful information for using the PSLF Help Tool.

Any questions regarding your qualifying payments should be directed to your loan servicer. Employment verifications are completed by UWSS within 5 days of receipt.

NOTES