DF–F1008–PS 08/06

CLAIM APPEAL FORM

1. **Borrower's Social Security Number**: | | | ■ | | ■ | | | | |

2. **Borrower's Name**: _____
   Last First M.I.

3. **Type of Loan**: ❑ STAFFORD ❑ PLUS ❑ SLS ❑ CONSOLIDATION

4. **Appeal is requested for following situation:**

   A. ❑ Timely-Filing Violation
   B. ❑ Three or More Due Diligence Violations/Omissions
   C. ❑ Greater than 45-day Gap in Collection Activities
   D. ❑ Timely Conversion to Repayment Violation

5. **Unique ID Number(s) (please provide all file numbers applicable to the appeal)**: _____

   _____

   _____

6. **Reason for Appeal** (please attach all supporting documentation for appeal such as, copies of collection history, repayment history, or repayment schedule):

   _____

   _____

7. **A. Principal Claimed**: $ _____

   B. Capitalized Interest Claimed: $ _____

   C. Interest Claimed as of: _____ $ _____

By signing this form, I hereby certify that the above information is true and correct.

_____
Signature & Title of Official

_____ | | | | | | | | | | | | | | |
Lender's Name OE Code Telephone Number

American Education Services
1200 North Seventh Street • Harrisburg, Pennsylvania 17102-1444