


When completing the PSLF form please follow these directions:  
Complete your personal information in Section 1: Borrower Information

 <b>PSLF</b>	<b>PUBLIC SERVICE LOAN FORGIVENESS (PSLF) &amp; TEMPORARY EXPANDED PSLF (TEPSLF) CERTIFICATION &amp; APPLICATION</b> <b>William D. Ford Federal Direct Loan (Direct Loan) Program</b>	OMB No. 1845-0110 Form Approved Exp. Date 08/31/2023 PSFAP - XBCR
	<b>WARNING:</b> Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.	
<b>SECTION 1: BORROWER INFORMATION</b>		
Please enter or correct the following information.		
<input type="checkbox"/> <b>Check this box if any of your information has changed.</b>		
SSN	_____	
Date of Birth	_____	
Name	_____	
Address	_____	
City	State _____	Zip Code _____
Telephone - Primary	_____	
Telephone - Alternate	_____	
Email	_____	

In section 2 you will have 3 options, **select the box** which best describes the reason you're submitting the PSLF Form. Unless you have completed 120 payments and you're applying for forgiveness, you'll likely choose the first option:

<b>SECTION 2: BORROWER REQUEST, UNDERSTANDINGS, AND CERTIFICATION</b>
<b>I request (1)</b> that the U.S. Department of Education (the Department) determine whether I qualify for PSLF or TEPSLF, and discharge any qualifying loans that I have, and <b>(2)</b> if none of my loans qualify for PSLF or TEPSLF when I submit this form, determine how many qualifying payments I have made towards PSLF and TEPSLF.
<input type="checkbox"/> I just want to find out how many qualifying payments I have made or if my employer is a qualified employer.
<input type="checkbox"/> I believe I qualify for forgiveness under PSLF or TEPSLF right now.
<input type="checkbox"/> If I indicated that I believe I qualify for forgiveness now, I want a forbearance while my application is being processed, but understand that periods of forbearance do not count towards forgiveness.

Complete with a **handwritten** signature and date.

**\*Please make sure the box below is left unchecked for Mayo Clinic to verify your employment.**

**I certify** that all of the information I have provided on this form and in any accompanying document is true, complete, and correct to the best of my knowledge and belief and that if I cease to be employed by a qualifying employer after I submit this application, but before forgiveness is granted, I will notify the Department (see Section 7) immediately.

Check this box if you cannot obtain certification from your employer because the organization is closed or because the organization has refused to certify your employment. The Department will follow up to assist you in getting documentation of your employment. **Complete Section 3, but do not complete Section 4.**

**Borrower's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*If you are using the PSLF Help Tool on studentaid.gov Please review your form, if the above box is checked in section 2 please follow directions on the next page to uncheck the box.**

After using the PSLF Help Tool carefully review the PSLF Form.

Page 1 – if the following box is checked follow these directions.

**I certify** that all of the information I have provided on this form and in any accompanying document is true, complete, and correct to the best of my knowledge and belief and that if I cease to be employed by a qualifying employer after I submit this application, but before forgiveness is granted, I will notify the Department (see Section 7) immediately.

Check this box if you cannot obtain certification from your employer because the organization is closed or because the organization has refused to certify your employment. The Department will follow up to assist you in getting documentation of your employment.

**Complete Section 3, but do not complete Section 4.**

**Borrower's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Start the PSLF Tool, if you have an employer saved, you will need click the Edit icon.

EIN 41-6011702 Remove Edit

**MAYO CLINIC**

Employment Start Date	Employment End Date	Eligibility Status
12/12/2013	Current	<input checked="" type="radio"/> Eligible <span>?</span>

Be sure the correct radio button is filled and click on Save Employer.

Is this organization closed, or have they refused to certify your employment?

Yes

No

**Save Employer**

This should correct page 1 to accurately reflect the following.

**I certify** that all of the information I have provided on this form and in any accompanying document is true, complete, and correct to the best of my knowledge and belief and that if I cease to be employed by a qualifying employer after I submit this application, but before forgiveness is granted, I will notify the Department (see Section 7) immediately.

Check this box if you cannot obtain certification from your employer because the organization is closed or because the organization has refused to certify your employment. The Department will follow up to assist you in getting documentation of your employment.

**Complete Section 3, but do not complete Section 4.**

Send the form to [COMregistrar@mayo.edu](mailto:COMregistrar@mayo.edu)