

Please explain in detail why you believe you are entitled to recovery through the TGTF. Be as specific as possible and include supporting facts for the amount for which you are requesting reimbursement. If you are requesting recovery for more than one cost, please include supporting facts for each separate amount. Supporting documentation (enrollment agreement, transcript at time of closure, and final financial ledger card) **must** be included with the submission of this form.

Attest below to indicate you have read and understand each of the following items:

Claims not supported by documentation cannot be processed.

You must provide copies of any documents that support your position, such as canceled checks, account ledgers, correspondence with the institution, etc.

You must provide a completed copy of the TGTF Information Release Authorization.

Your claim will not be considered unless submitted to GNPEC within six (6) months of the cessation of operation of the institution.

Hard copies of this form and all attachments may be mailed to the following:

Georgia Nonpublic Postsecondary Education Commission
Attn: TGTF Claims
2082 East Exchange Place
Tucker, GA 30084

PDF copies of this form and all attachments may be e-mailed to info@gnpec.ga.gov with TGTF Claim Form as the subject.

Signature

Date

RELEASE AUTHORIZATION

Please check that you have read and understand the following:

I hereby authorize GNPEC to request and process any information on file related to my attendance at the above-listed institution from the entity currently holding the institution's records for the limited purpose of processing my claim for recovery under the TGTF. This includes, but is not limited to, my official transcript and account ledger.

Signature*

Date

*Signature Authorizes Release of Records

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Tucker, GA 30084

PDF copies of this form may be e-mailed to info@gnpec.ga.gov with the subject "Information Release Authorization Form".