

Student Name _____
Last First M.I.

Student ID: _____

- The student neither benefited nor received any aid under Title VII or VIII of the Public Health Services Act.
- The student owes a refund on an EFN, FADHPS or SDS at this institution. Please list: _____
- The student is in default on a HPSL, LDS, NSL, or PCL or HEAL loan. Please list _____

This institution does not participate or is no longer required to keep records under the recordkeeping requirements for Titles VII or VIII of the PHS Act for the dates reported.

School Official Name (printed)

Date

School Official Signature

Title

Institutions: Submit forms using ONE of the following methods:

1. **Email:** Sfaregis@uth.tmc.edu
2. **Fax:** (713) 500-3863
3. **Mail:** UCT Building, 7000 Fannin, Suite 2220, Houston, TX 77030