2026-2027
F0NSLD

Financial Aid History Review

Office of Student Financial Services
P. O. Box 20036 • Houston, TX 77225
(713) 500-3860 phone • (713) 500-3863 fax
https://www.uth.edu/sfs/

Student ID

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) has been received. In order to determine your eligibility for federal financial aid, our office will conduct a review of your financial aid history.

If further documentation is required, you will be notified.

Instructions: Complete and submit the following Financial Aid History Review form.

Submit forms using ONE of the following methods:

1. Online: Log on to myUTH, click on To Do List item, select submit, and follow instructions.
2. In Person: UCT Building, 7000 Fannin, Suite 2220, Houston, TX77030

A. STUDENT INFORMATION

Student Last Name	First Name	Middle Initial

B. ACKNOWLEDGMENT AND SIGNATURE

Initial beside each statement and acknowledge agreement by signing below.

____ I understand the Office of Student Financial Services will conduct a review of my financial aid history to determine my eligibility for federal financial aid.

____ I understand the Office of Student Financial Services may request additional documentation (e.g., tax returns, W2 forms, physician certification, Social Security Administration documentation, etc.) necessary to determine my federal financial aid eligibility.

____ I agree to submit the required documents upon request from the Office of Student Financial Services.

____ I understand submitting documentation that was not requested by the Office of Student Financial Services may result in my file being selected for verification by the Department of Education or the school and may delay the processing of my financial aid application.

____ I agree to take the corrective action necessary to resolve any discrepancies identified on my FAFSA in order to determine my federal financial aid eligibility.

____ I understand making changes to my FAFSA to clarify information may result in my file being selected for verification by the Department of Education or the school.

____ I understand there are some instances when no action or documents are required. In such cases, I understand my obligation to submit documents or take corrective actions will be waived and the To Do List item will be cleared from my file by the Office of Student Financial Services.

By signing below, I acknowledge I will submit the required documents and/or take the corrective action(s) necessary to resolve any discrepancies reported on my FAFSA in order for the Office of Student Financial Services to determine my financial aid eligibility for the current award year.

Sign After Printing

Student Signature ***(no electronic signatures accepted)***

Date