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Federal regulations require the Office of Student Financial Services to obtain Financial Aid Transcripts not available through NSLDS for certain loan programs from every higher education institution a student previously attended under the recordkeeping requirements for the Public Health Service (PHS) Act, Title VII and VIII, as amended.

Students: Submit forms using ONE of the following methods:

1. **Online:** Log on to **myUTH**, click **Document Center** > Additional **Document** > **Type of Document** > Upload Document
2. **In Person:** UCT Building, 7000 Fannin, Suite 2220, Houston, TX 77030

A. STUDENT AUTHORIZATION to be completed by student

Student Last Name First Name M.I. **XXX-XX** SSN last 4 digits

List ALL previously attended higher education institutions even if you did not receive financial aid or graduate from that institution

| Institution/University | Begin Date (mm/yyyy) | End Date (mm/yyyy) |
|------------------------|-------------------------|-----------------------|
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By signing below, I authorize the institution(s) indicated above to release financial aid information to UTHealth for purposes of receiving Title VII or Title VIII funding.

Student Signature (no electronic signatures accepted)

Date

B. FINANCIAL AID HISTORY to be completed by Institution

Indicate the student's financial aid history at your institution or otherwise known institutions:

- ☐ The student neither benefited nor received any aid under Title VII or VIII of the Public Health Services Act.
- ☐ This institution does not participate or is no longer required to keep records under the recordkeeping requirements for Title VII or VIII of the PHS Act for the dates reported.
- ☐ The student owes a refund on an ☐ EFN ☐ FADHPS ☐ SDS at this institution. List amount \$ _____
- ☐ The student is in default on a ☐ HPSL ☐ LDS ☐ NSL ☐ PCL ☐ HEAL loan. List amount: \$ _____
- ☐ The student received the following federal aid from this University:

| Fund | Current Year Amount | | Cumulative Total Amounts (Include current year) |
|---|---------------------------|--------------------|---|
| | Loan Period (mm/dd/yy) | Amount Borrowed | |
| Exceptional Financial Need Scholarship (EFN) | | | |
| Financial Assistance for Disadvantaged Health Professions Students (FADHPS) | | | |
| Health Education Assistance Loan (HEAL) | | | |
| Health Professions Student Loan (HPSL) | | | |
| Loans for Disadvantaged Students (LDS) | | | |
| Nurse Faculty Loan Program (NFLP) | | | |
| Nursing Student Loan (NSL) | | | |
| Primary Care Loan (PCL) | | | |
| Scholarship for Disadvantaged Students (SDS) | | | |

School Representative Name/title

School Representative Signature

Date

Institutions: Submit forms using ONE of the following methods:

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