2018-2019 FAINPI

Financial Aid Transcript Request

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								

Federal regulations require the Office of Student Financial Services to obtain Financial Aid Transcripts <u>not available through NSLDS</u> 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 <u>ONE</u> of the following methods:

1. Online: Complete and sign the document. Log on to myUTH, click on the Document Center,

locate the **Additional Document** section, select **Type of Document**, choose the type of document from the **Options List** and follow the upload instructions.

or document from the **options** List and lonew the apieca metable

2. In Person: UCT Building, 7000 Fannin, Suite 2220, Houston, TX 77030

Student Last Name	First Name		XXX-XX SSN last 4 digi	
st ALL previously attended higher educat			· ·	
nat institution:	_			
Institution/University	Begin Date (mn	n/yy)	End Date (mm/yy)	
y signing below, I authorize the institution	n(s) indicated above t	o release financial aid ii	nformation to UTHealth for	
urposes of receiving Titles VII or VIII fund				
tudent Signature (no electronic signatures accep	ited)			
		Date		
B. FINANCIAL AID HISTORY – to	be completed by In	stitution		
B. FINANCIAL AID HISTORY – to adicate the student's financial aid history at you	be completed by In	stitution		
	be completed by In	stitution se known institutions:		
ndicate the student's financial aid history at yo The student received the following feder	be completed by In our institution or otherw al aid from this Univers	stitution se known institutions:	Cumulative Total Amount	
ndicate the student's financial aid history at yo	be completed by In our institution or otherw al aid from this Univers	stitution se known institutions: ity:	Cumulative Total Amoun	
ndicate the student's financial aid history at yo The student received the following feder	be completed by Incur institution or otherwal aid from this University Current Loan Period	stitution se known institutions: ity: Year Amount		
The student's financial aid history at yo The student received the following feder Fund	be completed by Incur institution or otherwal aid from this University Current Loan Period	stitution se known institutions: ity: Year Amount		
The student's financial aid history at your student received the following feder. Fund Exceptional Financial Need Scholarship (EFN) Financial Assistance for Disadvantaged	be completed by Incur institution or otherwal aid from this University Current Loan Period	stitution se known institutions: ity: Year Amount		
The student's financial aid history at your student received the following feders Fund Exceptional Financial Need Scholarship (EFN) Financial Assistance for Disadvantaged Health Professions Students (FADHPS)	be completed by Incur institution or otherwal aid from this University Current Loan Period	stitution se known institutions: ity: Year Amount		
The student's financial aid history at your The student received the following feders Fund Exceptional Financial Need Scholarship (EFN) Financial Assistance for Disadvantaged Health Professions Students (FADHPS) Health Education Assistance Loan (HEAL)	be completed by Incur institution or otherwal aid from this University Current Loan Period	stitution se known institutions: ity: Year Amount		
The student received the following feders Fund Exceptional Financial Need Scholarship (EFN) Financial Assistance for Disadvantaged Health Professions Students (FADHPS) Health Education Assistance Loan (HEAL) Health Professions Student Loan (HPSL)	be completed by Incur institution or otherwal aid from this University Current Loan Period	stitution se known institutions: ity: Year Amount		
The student received the following feders Fund 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)	be completed by Incur institution or otherwal aid from this University Current Loan Period	stitution se known institutions: ity: Year Amount		
The student received the following feders Fund 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)	be completed by Incur institution or otherwal aid from this University Current Loan Period	stitution se known institutions: ity: Year Amount		

	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.					
Scho	ol Official Name (printed)	Date				
Scho	ol Official Signature	Title				
Instit	utions: Submit forms using <u>ONE</u> of the following	methods:				
	1. Email: Sfaregis@uth.tmc.edu					

UCT Building, 7000 Fannin, Suite 2220, Houston, TX 77030

(713) 500-3863

2.

3.

Fax:

Mail: