FINANCIAL AID TRANSCRIPT
TITLE VII/VIII HHS PROGRAMS

I request a financial aid transcript be sent by:

Institution Name:_____

Address: _____

_____

Requesting School:

Institution Name:_____

Address: _____

_____

_____

Student's Name – Last First MI (Maiden/Married Name) Social Security No.

Optional Student Signature:_____

Section A: To be completed if the institution is not completing Sections B and C.

The information requested in Sections B and C is not provided because:

____ The student neither received nor benefited from any aid under Titles VII or VIII of the Public Health Service Act.

____ The transcript pertains solely to years for which the institution no longer has and is no longer required to keep records under the recordkeeping requirements for Titles VII or VIII of the PHS Act.

____ This institution does not participate.

Section B: Complete the first statement and check all others that apply:

1. The student first received Title VII/VIII aid at this institution for the award year (mo/yr) ____/____ _____/_____

2. Check all that apply:

____ The student owes a refund on an EFN, FADHPS, or SDS at this institution.

____ The student is in default on a HPSL, LDS, NSL, or PCL (for failure to make required payments).

____ The institution knows that the student is in default on a HEAL loan.

Comments_____

_____

Section C: Title VII or VIII Assistance Received or Benefited from at this Institution

Sources of Assistance	Current Year Amounts 20__-__ (exclude refunds) Loan Period Mm/dd/yy	Amount Borrowed	Cumulative Total Amounts (Include current year/ exclude refunds)
HPSL	from____/____/____ to____/____/____		
LDS	from____/____/____ to____/____/____		
PCL	from____/____/____ to____/____/____		
NSL	from____/____/____ to____/____/____		
EFN	from____/____/____ to____/____/____		
FADHPS	from____/____/____ to____/____/____		
SDS	from____/____/____ to____/____/____		
HEAL			

Authorized School Signature_____ **Date** _____

Typed Name/Title_____ **Telephone** _____

Email _____