## This request should be used by individuals to request their own student financial aid or loan collections records.

To request a copy of your student financial aid or loan collections records, this form should be completed and returned with a copy of your **government issued ID** either **in-person** to the Office of Student Financial Services 7000 Fannin, Suite 2220, Houston, Texas 77030 or **scanned and emailed** to <u>Sfaregis@uth.tmc.edu</u>. Emailed requests will *only* be accepted when received from the requestor's email. If the requestor's email does not bear the requestor's name, they must appear in-person to request their records.

Note: Requestor refers to the individual who attends/was a student at the university.

## **COMPLETE ALL SECTIONS** Last Name Date of Requested Term(s) First Name ΜL Street Address (include apt. no.) Phone Number City State Zip Code Email Address **REQUESTED RECORDS** Indicate by checking the appropriate box(es): **Student Financial Services Records** Student Loan Collections Records Federal/state student aid (grants, loans) Institutional aid (loans, grants) Scholarships Emergency loan records **DELIVERY OF REQUEST** Indicate the how the records should be sent to the Requestor: In-person by Requestor Mail Records will be picked up from the Office of Student Financial Services Records will be mailed to the Requestors address listed above **CERTIFICATION AND SIGNATURE** Signing below certifies I have read the acknowledgement statements: 1. A record request is generally completed within 10 working days after the date the request for information is received and not necessarily "upon demand," depending upon the scope of the record request and record availability and research time. 2. If the information requested is unclear or if an extensive amount of information is requested you may be contacted to discuss clarifying or narrowing your request which may increase processing time. 3. The request is limited to the information in existence at the time and on the day the request is received and in accordance with record keeping requirements. Certain information held by the University may be confidential as a matter of law or may be excluded from public disclosure. 4 5. The information requested is being released to the requestor at their discretion.

Requestor Signature (no electronic signatures accepted)

Date

Office Use Only

Date Request Received: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date Processed: \_