2024-2025 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:

Scholarship for Disadvantaged Students (SDS)

 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.

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

A CTUDENT AUTHORIZATION		atural a sat		
A. STUDENT AUTHORIZATION – t	to be completed by	student		
			vvv vv	
Student Last Name	First Name		XXX-XXSSN last 4 digits	
ist ALL previously attended higher education	on institutions even i	f you did not receive fi	nancial aid or graduate from	
hat institution:				
Institution/University	Begin Date (mm	/yy)	End Date (mm/yy)	
By signing below, I authorize the institution	(s) indicated above to	release financial aid i	nformation to UTHealth for	
purposes of receiving Titles VII or VIII fundi				
	_			
	•			
Student Signature (no electronic signatures accept		Date		
	ted)			
Student Signature (no electronic signatures accepte B. FINANCIAL AID HISTORY – to be ndicate the student's financial aid history at you	_{ted)} be completed by In	stitution		
B. FINANCIAL AID HISTORY – to be noticate the student's financial aid history at you	ted) be completed by In ur institution or otherwi	stitution se known institutions:		
B. FINANCIAL AID HISTORY - to b	ted) be completed by In ur institution or otherwi	stitution se known institutions:		
B. FINANCIAL AID HISTORY – to be noticed the student's financial aid history at you. The student received the following federal	be completed by Inur institution or otherwing all aid from this Univers	stitution se known institutions:	Cumulative Total Amounts	
B. FINANCIAL AID HISTORY – to be noticate the student's financial aid history at you	be completed by In ur institution or otherwi	stitution se known institutions: ty:	Cumulative Total Amounts (include current year)	
B. FINANCIAL AID HISTORY – to be noticed the student's financial aid history at you. The student received the following federal	be completed by Inur institution or otherwing all aid from this Univers Current Loan Period	stitution se known institutions: ty: Year Amount		
B. FINANCIAL AID HISTORY – to be needed to b	be completed by Inur institution or otherwing all aid from this Univers Current Loan Period	stitution se known institutions: ty: Year Amount		
B. FINANCIAL AID HISTORY – to be needed to b	be completed by Inur institution or otherwing all aid from this Univers Current Loan Period	stitution se known institutions: ty: Year Amount		
B. FINANCIAL AID HISTORY – to be needed to b	be completed by Inur institution or otherwing all aid from this Univers Current Loan Period	stitution se known institutions: ty: Year Amount		
B. FINANCIAL AID HISTORY – to be needed to be student's financial aid history at your limit of the student received the following federal fund Fund Exceptional Financial Need Scholarship (EFN) Financial Assistance for Disadvantaged Health Professions Students (FADHPS) Health Education Assistance Loan (HEAL)	be completed by Inur institution or otherwing all aid from this Univers Current Loan Period	stitution se known institutions: ty: Year Amount		
B. FINANCIAL AID HISTORY – to be needed to b	be completed by Inur institution or otherwing all aid from this Univers Current Loan Period	stitution se known institutions: ty: Year Amount		
B. FINANCIAL AID HISTORY – to be needed to be needed to be student's financial aid history at your large of the student received the following federal fund 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 Inur institution or otherwing all aid from this Univers Current Loan Period	stitution se known institutions: ty: Year Amount		

Student Name				Student ID:			
	Last	First	M.I.				
	The student neithe	r benefited no	r received any ai	d under Title VII or VIII of the Public Health Services Act.			
	The student owes	a refund on a	n 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 requirements for Titles VII or VIII of the PH			r required to keep records under the recordkeeping for the dates reported.			
Scho	School Official Name (printed)			Date			
Scho	ool Official Signatur	re		Title			

Institutions: Submit forms using $\underline{\textit{ONE}}$ of the following methods:

1. Email: Sfaregis@uth.tmc.edu

2. Fax: (713) 500-3863

3. Mail: UCT Building, 7000 Fannin, Suite 2220, Houston, TX 77030