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 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:** 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. STUDENT AUTHORIZATION – to be completed by student

_____ _____ _____ XXX-XX_____
Student Last Name | First Name | M.I. | 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/yy)	End Date (mm/yy)

By signing below, I authorize the institution(s) indicated above to release financial aid information to UTHealth for purposes of receiving Titles VII or VIII funding.

Sign After Printing

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 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)			

Student Name _____ **Student ID:** _____
Last First M.I.

☐ 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.

_____ _____
School Official Name (printed) **Date**

No Electronic Signatures Accepted

_____ _____
School Official Signature **Title**

Institutions: Submit forms using 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