

FINANCIAL AID TRANSCRIPT

PART I: To be completed by the STUDENT.

Instructions: If you ever attended another postsecondary institution, you *must* complete Part I of this form and submit it to the Financial Aid Office of that institution. Federal regulations require that a Financial Aid Transcript request be sent to *every* institution you previously attended, regardless of whether you received aid to attend that institution.

Name _____ Social Security # _____
Last First M.I. Maiden

Name used at previous institution (if different from above) _____

Student's Address: _____

[] []
[] []

I request that the Financial Aid Office at _____

which I attended from _____ to _____
provide the information requested in Part II to the
institution shown to the left.

I did did not receive aid while a student at this
institution.

(Fold here for window envelope)

Student's Signature (optional): _____

PART II: To be completed by the STUDENT FINANCIAL AID OFFICE at the previous institution.

Complete either: • Sections A, B and F; OR
• Sections A, and C through F.

SECTION A Other Institutions Attended. (Everyone must complete this section.)

The institution has information indicating the student attended institutions other than this institution.

- No, our records show no previous institution attended.
 Yes, our records indicate that the student has attended the following institutions: _____

SECTION B To be completed if the institution is not completing Sections C, D, and E.

The information requested in Sections C, D, and E is not provided because:

- The student neither received nor benefited from any Title IV aid while at this institution.
 The transcript pertains solely to years for which the institution no longer has and is no longer required to keep records under the Title IV recordkeeping requirements.

If you have completed Section A and checked one of the reasons in Section B, and are not required to provide any other information, skip Sections C, D, and E, and complete Section F. Otherwise, proceed with Section C.

SECTION C Check all statements that apply.

- The student received increased Federal Perkins Loan/NDSL at this institution due to Expanded Lending Option or study abroad.
 The student had an outstanding balance on an NDSL at this institution on July 1, 1987, which is still outstanding as of today's date.
 The student had an outstanding balance on a Federal Perkins Loan/NDSL at this institution on October 1, 1992, which is still outstanding as of today's date.
 The student owes a refund due to overpayment on a Federal Pell Grant, FSEOG or Federal Perkins Loan/NDSL at this institution.
 The student is in default on a Federal Perkins Loan/NDSL/Income Contingent Loan (ICL) at this institution.
 The institution is aware that the defaulted Federal Perkins Loan/NDSL/ICL has been discharged in bankruptcy.
 The institution knows the student owes a refund due to overpayment on SSIG received for attendance at this institution.
 The institution knows that the student is in default on a Federal Family Education Loan or a William D. Ford Federal Direct Loan received for attendance at this institution (including consolidation loans).
 The institution is aware that the defaulted Federal Family Education Loan or a William D. Ford Federal Direct Loan has been discharged in bankruptcy.
 The student received "additional unsubsidized" Federal Stafford/Federal Direct Stafford/Ford funds at this institution as an independent student or as a dependent student whose parent was unable to borrow Federal PLUS/Federal Direct PLUS.

SECTION D

Assistance Received or Benefited From at This Institution

For ALL federal aid programs: When indicating totals, deduct any refunds, repayments, or Federal Pell Grant recoveries which have been returned due to an overpayment or student withdrawal. Do NOT deduct Federal Perkins Loan/NDSL prepayments or payments made according to a repayment schedule.

Sources of Assistance	Current Year Amounts 19__-__	Cumulative Total (include current year)
Federal Pell Grant: Total Disbursed to Date:		xxxxxxx
Scheduled Award (full time, full year):		xxxxxxx
Does the school expect to make additional disbursements to the student after this transcript is signed? If so, indicate when: _____	xxxxxxx	xxxxxxx
Federal Perkins/NDSL Loans		
SSIG/State Grant/Other aid* (optional - identify each)		

* If this school participates in health professions aid programs through the Department of Health & Human Services, include them here.

SECTION E

Federal Family Education Loans/William D. Ford Federal Direct Loans Borrowed While at This Institution

Column I - list loan period, grade level, and loan amounts borrowed from the Federal Family Education Loan/William D. Ford Federal Direct Loan Program for either the current year, or the academic year immediately preceding the current year (if no loan borrowed during current year). If no loan was borrowed for either of these periods, leave Column I blank.

Column II - list total of ALL Federal Stafford/Federal Direct Stafford/Ford AND Federal SLS/ALAS loans borrowed at YOUR institution.

Both Columns - deduct any refunds or repayments which have been returned due to student withdrawal; do not deduct loan fees.

Federal Family Education Loans and William D. Ford Federal Direct Loans	I. Current Year Loan (if no current year loan, list loan for immediately preceding academic year, if any)			II. Cumulative Total at this Institution (Include Column I amounts)
	Loan Period* Use mm/dd/yy	Grade Level	Amount Borrowed**	Total Amount Borrowed
Subsidized Federal Stafford and Federal Direct Stafford/Ford Loans	from ___/___/___ to ___/___/___			
Unsubsidized Federal Stafford and Federal Direct Stafford/Ford Loans	from ___/___/___ to ___/___/___			
Federal SLS	from ___/___/___ to ___/___/___	xxxxx		
Federal PLUS/Federal Direct PLUS	from ___/___/___ to ___/___/___	xxxxx		xxxxxxxxxxxxxxxxx

* Include all loan periods applicable to the same Borrower-Based Academic Year or Scheduled Academic Year.

** Total of all loans from all loan periods applicable to the same Borrower-Based Academic Year or Scheduled Academic Year.

SECTION F

This section must be completed.

Authorized Signature _____ Date _____

Typed Name _____ Title _____

Name of Institution _____

Address _____

Telephone _____

COMMENTS _____