

Financial Aid Transcript Request Nursing Student Loan

Federal regulations require the Financial Aid Office 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: Once form has been filled out, please attach to your Nursing Student Loan application.

A. STUDENT AUTHORIZATION –	to be completed by studen	t		
Student Last Name	First Name	APU ID		XXX-XXSSN last 4 digits
List ALL previously attended higher educat	ion institutions even if you did	I not receive financial aid or gra	duate from tha	at institution:
Institution/University	Begin	n Date (mm/yyyy)		End Date (mm/yyyy)
By signing below, I authorize the institution Title VII or VIII funding.	(s) indicated above to release	e financial aid information to Az	rusa Pacific Ur	niversity for purposes of receiving
Student Signature		Date		
B. FINANCIAL AID HISTORY—to	be completed by prior Insti	tution(s)		
The student received federal fun Name of institution: Loan Period Start Date	ds through the Nursing Stude			Amount Borrowed
Loan Feriou Start Date	Loan reno	d Liid Date		Amount Borrowed
		Cum	nulative Total:	
The student neither benefited no	r received any aid under Title	VII or VIII of the Public Health	Services Act.	
This institution does not participal PHS Act for the dates reported.	nte or is no longer required to	keep records under the record	keeping requir	ements for Titles VII or VIII of the
School Official Name (printed)		Date		
School Official Signature		Title		