University of St. Augustine for Health Sciences

Overlapping Loan Period Financial Aid Clearance Form

Dear Student,

According to current information on the National Student Loan Data System, (NSLDS), it appears that you have a current Federal Direct Loan at another institution. To ensure that you are awarded subsequent loans in compliance with federal regulations, we will need this form completed by a Financial Aid Administrator at your previous institution to determine eligibility for Federal Direct Loans.

No further action can be taken on determining eligibility of Federal Direct Student Loans until your prior institution updates your pending loan disbursements on the Common Origination and Disbursement (COD) website.

Print Student's Name: First Last			Student ID/SSN:		
Student's signature author	izes release of	this information:			
Student's Signature:				Date:	
Previous Institution School	l Certifying Oj	fficial:			
Name (Print):			Title	Date:	
Signature:					
Institution Name:					
Address:					
City:			State:	Zip Code:	
Phone:			Email:		
Student's Official Last Date	of Attendance	e:			
Loan Period Begin Date:		Loan Period End Date:			
Academic Year Begin Date:			Academic Year End Date:		
Loan Amount Received: Subsidized		Unsubsidized			
Future Disbursements Canc	elled in COD	YES 🗆	№ П		