2024



Financial Aid Transcript Request

Financial Aid Office Campus Box 2320, Normal, IL 61790 (309)438-2231 (phone) <u>financialaid@ilstu.edu</u> (email)

Federal regulations require the Financial Aid Office 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.

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 educa	ation institutions even if you did not receive fi	inancial aid or graduate	from that institution:
Institution/University	Begin Date (mm/yy)	End Date (mm/yy)
By signing below, I authorize the institutio Title VII or VIII funding.	n(s) indicated above to release financial aid	information to Illinois St	ate University for purposed of receiving
Student Signature (no electronic signature	es accepted) Date		
B. FINANCIAL AID HISTORY—to	be completed by Institution		
Indicate the student's financial aid history	at your institution or otherwise known institu	tions:	
_	•		
The student received federal fu	nds through the Nursling Student Loan (NSL	.) program.	
Name of institution:			
Loan Period Start Date	Loan Period End Date	Amount Borrowed	٦
	Cumulative Total:		
	<u> </u>	1	_
The student neither benefited n	or received any aid under Title VII or VIII of t	the Public Health Servic	es Act.
This institution does not particip PHS Act for the dates reported.	ate or is no longer required to keep records	under the recordkeepin(g requirements for Titles VII or VIII of the
School Official Name (printed)		Date	
School Official Signature		Title	

Institutions: Submit forms using ONE of the following methods: