

Records Request Form

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/>

University ID

--	--	--	--	--	--	--	--	--	--

(Leave BLANK if unknown)

This form should be used by individuals ("Requestor") to request their *own* student financial aid or loan collections records.

To request a copy of your student financial aid or loan collections records, this form should be completed and returned **in-person** with a copy of your unexpired government-issued ID to the Office of Student Financial Services 7000 Fannin, Suite 2220, Houston, Texas 77030.

If a requestor is unable to appear in person, the requestor must provide the following documents to the institution via standard mail or email:

- 1) Records Request Form; and
- 2) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited, to a driver's license, other state-issued ID, or passport; and
- 3) The *original* Notary Certificate of Acknowledgement provided below, which must be notarized.

*Emailed requests should be sent to Sfaregis@uth.tmc.edu and will *only* be accepted when received from the requestor's email. If the requestor's email does not bear the requestor's name, they must appear in-person to request their records or mail the original documents, including the completed Notary Certificate of Acknowledgement, to the Office of Student Financial Services at the address listed above.

REQUESTOR INFORMATION

_____ Last Name	_____ First Name	_____ M.I.	_____ Date of Requested Term(s)
_____ Street Address (include apt. no.)			_____ Phone Number
_____ City	_____ State	_____ Zip Code	_____ Email Address

RECORDS REQUESTED

Indicate by checking the appropriate box(es):

Student Financial Services Records (e.g., Federal/state aid, scholarships) **Student Loan Collections Records** (e.g., Institutional aid, Emergency loan records)

DELIVERY OF REQUEST

Indicate the how the records should be delivered to the Requestor:

In-person; Requestor will pick up records from the Office of Student Financial Services **Mail**; Records will be mailed to the Requestor's address listed above

CERTIFICATION AND SIGNATURE

Signing below certifies I have read the acknowledgement statements:

1. A record request is generally completed within 10 working days after the date the request for information is received and not necessarily "upon demand," depending upon the scope of the record request, record availability and research time.
2. If the information requested is unclear or if an extensive amount of information is requested you may be contacted to discuss clarifying or narrowing your request which may increase processing time.
3. The request is limited to the information in existence at the time and on the day the request is received and in accordance with record keeping requirements.
4. Certain information held by the University may be confidential as a matter of law or may be excluded from public disclosure.
5. The information requested is being released to the requestor at their discretion.

Requestor Signature (digital signatures not accepted)

Date

NOTARY CERTIFICATE OF ACKNOWLEDGMENT

State of _____ City/County of _____ On _____, mm/dd/yyyy

before me, _____ personally appeared _____, and proved to me on the basis of

Notary Name

Requestor Name

satisfactory evidence of identification, _____, to be the above-named person who signed the foregoing instrument.

Type of Government-issued Photo ID provided

WITNESS my hand and official seal

Seal

Notary Signature (digital signatures not accepted)

My commission expires on _____, mm/dd/yyyy

Office Use Only

Date Request Received: _____ Processor Name: _____ Processor Signature: _____ Date Processed: _____