

Financial Aid P O Box 6905 Radford, VA 24142 Phone: (540) 831-5408 · Fax: (540) 831-5138 · Text: (540) 328-9360 finaid@radford.edu

Dear Student,

According to the National Student Loan Data System (NSLDS) or from other information that has been provided to our office, it appears that you are currently receiving aid at another institution. To comply with federal regulations, before we can award you any financial aid at Radford University, we will need this form completed by a Financial Aid Administrator at your previous institution.

No aid will be processed at Radford University until the information below is completely filled out and returned to our office.

Student's	name	
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RUID

The student's signature below authorizes the release of financial aid information.

Student's signature

Date

When you have completed the student section of this form please forward to your previous institution

<u>School Certifying Official</u>: Please complete the school section of this form and return to the Office of Financial Aid at Radford University.

Name (print):		Tit	tle:		
Signature:		Da	ate:		
Institution Name:		Ado	dress:		
City:		State:		Zip Code:	
Phone:	Email:			·	
Student's last date of attendance:					
Future Federal Loans/grants canceled (circ	cle one):	YES	NO		

Loan period end date:

Please indicate (by circling) whether your institution is a HEADER or TRAILER school.

Please list all federal funds received for specific terms below:

Fund type:	Summer 20	Fall 20	Spring 20
Direct Unsub. Loan	\$	\$	\$
Direct Sub. Loan	\$	\$	\$
Parent Plus Loan	\$	\$	\$
Graduate Plus Loan	\$	\$	\$
Perkins Loan	\$	\$	\$
Pell Grant	\$	\$	\$
SEOG	\$	\$	\$
TEACH	\$	\$	\$