



Third Party Servicer Data Form

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| 1. What is the legal name of this company/organization? | |
| 2. Does the company/organization have another name such as a trade name or a d/b/a name, under which the company conducts business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide the names(s): | |
| | |
| | |
| | |
| Has the company ever operated under a different name? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide the name(s): | |
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| | |
| 3. When did the company/organization begin conducting business as a third party servicer on behalf of Title IV, HEA institutions? | |
| 4. What name does the company/organization utilize to file its required annual compliance audit? | |
| 5. What is the company's/organization's fiscal year end date? | |
| 6. What is the company's/organization's Dun & Bradstreet (DUNS) number? <input type="checkbox"/> N/A | |

For purposes of this form, company/organization refers to an individual or a state, or a private, profit, or non-profit organization that enters into a contract or agreement with an eligible institution to administer any aspect of the institution's participation in the Title IV programs.

7. Who are the owner/owners of this company/organization? If you need more space, please use additional space provided on last page of form or attach an additional sheet and include the following for each owner:

Name:

Job Title:

Business Street Address:

Suite/Apt:

City:

State and Zip:

Telephone Number (including area code xxx-xxx-xxxx):

Fax Number (including area code xxx-xxx-xxxx):

E-Mail Address:

8. Who is completing this form?

Name: (include prefix, such as Mr., Ms., Dr.)

Job Title:

Business Street Address:

Suite/Apt:

City:

State and Zip:

Telephone Number (including area code xxx-xxx-xxxx):

Fax Number (including area code xxx-xxx-xxxx):

E-Mail Address:

9. Who is the highest ranking officer (CEO/COO/President) of this company/organization?

Name:

Job Title:

Business Street Address:

Suite/Apt:

City:

State and Zip:

Telephone Number: (including area code xxx-xxx-xxxx)

Fax Number: (including area code xxx-xxx-xxxx)

E-Mail Address:

10. Does this company/organization have a web site (or home page) on the Internet? Yes No

If yes, list the electronic address (URL):

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11. Whom should we contact at this company/organization should we have questions regarding information on this form or need to respond to an institutional inquiry?

Name: (include prefix, such as Mr., Ms., Dr.)

Job Title:

Business Street Address:

Suite/Apt:

City:

State and Zip:

Telephone Number (including area code xxx-xxx-xxxx):

Fax Number (including area code xxx-xxx-xxxx):

E-Mail Address:

12. Check here if this company/organization maintains more than one physical location (mailing address, processing center, etc.) and provide the primary contact person, address, and phone number for each location occupied. If you need more space, please use additional space provided on last page of form or attach an additional sheet and include the following for each entity:

Name: (primary contact person, include specific prefix, such as Mr., Ms., Dr.)

Job Title:

Street Address:

Suite/Apt:

City:

State and Zip:

Telephone Number (including area code xxx-xxx-xxxx):

Fax Number (including area code xxx-xxx-xxxx):

E-Mail Address:

Purpose of Location: (mailing address, processing center, etc.)

13. Identify the ownership structure of this company/organization:

For Profit

Corporation – Publicly Traded

Corporation – Not Publicly Traded

Partnership

Sole Proprietorship

Not for Profit

State Owned Organization

State Affiliated Organization

Private, Not For Profit Organization

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14. Check here if this company/organization owns or is owned by an eligible institution of Higher Education (regardless of percentage) and provide the name of the entity, primary contact person, address, phone number and e-mail below. If you need more space, please use additional space provided on last page of form or attach an additional sheet and include the following for each entity:

Institution/Organization Name:

Name: (primary contact's name, include prefix, such as Mr., Ms., Dr.)

Street Address: Suite/Apt:

City:

State and Zip:

Telephone Number: (including area code xxx-xxx-xxxx)

Fax Number: (including area code xxx-xxx-xxxx)

E-Mail Address:

Description of Relationship with the entity listed above:

15. Check here if this company/organization owns or is owned by another company/organization (regardless of percentage) and provide the name of the entity, primary contact person, address, phone number, and e-mail below. If you need more space, please use additional space provided on last page of form or attach an additional sheet and include the following for each entity:

Company/Corporation/Organization Name:

Name: (primary contact's name, include prefix, such as Mr., Ms., Dr.)

Street Address: Suite/Apt:

City:

State and Zip:

Telephone Number: (including area code xxx-xxx-xxxx)

Fax Number: (including area code xxx-xxx-xxxx)

E-Mail Address:

Description of Relationship with the entity listed above:

16. Please indicate the Title IV, HEA services this company/organization performs on behalf of its clients:

- Process student financial aid applications, including FAFSA or Pre-FAFSA completion services performed on behalf of an eligible institution
- Collect, review, and/or maintain supporting documentation required to process Title IV funds
- Determine student eligibility and related activities (R2T4, SAP, Verification, Professional Judgment, Dependency Override, etc.)
- Award, certify, originate, and/or disburse Title IV funds
- Delivery of Title IV credit balance refunds to students or parents (via cash, check, ACH, debit card, or other means)
- Prepare and/or certify request for advance or reimbursement funding
- Fiscal reconciliation of Title IV, HEA program accounts
- Provide entrance and exit loan counseling, including in person, by mail, or electronically
- Federal Perkins Loan servicing
- Federal Perkins Loan collections

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I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my company/organization provides false or misleading information, the Department considers this to be a breach of the fiduciary standard of conduct and may terminate the servicer's eligibility to contract with any institution to administer any aspect of an institution's participation in the Title IV, HEA programs. I also understand that I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

Signature of individual completing this form:

Date:

**Signature of President/CEO/COO:
(include prefix, such as Mr., Ms., Dr.)**

Date:

***Please attach a copy of this company's organizational chart with employee names and titles of those individuals who serve in a managerial or supervisory role and return this form to:**

**Third Party Servicer Oversight Group
U.S. Department of Education
Kansas City School Participation Division
1010 Walnut Street; Suite 336
Kansas City, MO 64106
(816) 268-0543
fsapc3rdpartyserviceroversight@ed.gov**

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