

## Transfer Student Financial Aid Confirmation

Dear Student,

In order to determine your loan eligibility we are required to review your recent student loan history. Please answer the questions below:

Did you attend another institution in the last year?       Yes       No

If yes, did you receive financial aid at this school?       Yes       No

If the answer to both questions above is **YES**, then please complete the form below and return it to the FL Tech Financial Aid Office by fax: 321-674-8274. Your financial aid will not be reviewed until this form is returned.

I, \_\_\_\_\_ (print name), give permission to my former school(s) to share the below information with the Office of Financial Aid at Florida Institute of Technology.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following information must be supplied by a Financial Aid Counselor at your previous school.**

### Student Information

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Official Last date of Attendance: \_\_\_\_\_

### Loan Information

Current loan period start and end dates: \_\_\_\_\_ to \_\_\_\_\_

Revised loan period end date \_\_\_\_\_

Gross Loan Amount(s) Disbursed- Minus any refunds to lender(s):

Subsidized: \_\_\_\_\_ Unsubsidized: \_\_\_\_\_

Last Date of Loan Disbursement: \_\_\_\_\_

Pell Disbursed for most recent aid year: Amount: \_\_\_\_\_ Aid Year: \_\_\_\_\_

### School Certifying Official

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_