

SAIG Enrollment Form - Windows Internet Explorer provided by Yahoo!

https://www.fsaweberroll.ed.gov/PMEEnroll/index.jsp

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SAIG Enrollment Form

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FSA
U.S. DEPARTMENT OF EDUCATION
FEDERAL STUDENT AID
STUDENT AID INTERNET GATEWAY - ENROLLMENT

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SAIG Mailbox

- SAIG Info
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- Print Enrollment Signature Document
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FAA Online Access

- Enroll FAA Users for Online Services

Related Services

- PSA Downloads (Software and Manuals)
- Subscribe to the [PSA Update](#) to join our online discussion of systems issues.

Other Web Sites for PSA Student Data

- FAA Access to CPS Online
- eCampus Based/FISAP
- COD (separate enrollment required)
- USIGS for FSA (separate enrollment required)
- Other Dept. of Ed. Links
- Burden Statement

ENROLL FOR SAIG MAILBOX
Select this icon to:

- Submit an application for a new mailbox
- Add or change services or demographic information
- Delete a mailbox
- Enroll for a test mailbox

ADD ANOTHER NSLDS ONLINE USER
This is available only to existing schools, State Scholarship Agencies and approved Guaranty Agencies, Lenders and Lender/Serviceers.

- Only the Primary Destination Point Administrator can select this icon to enroll another user for access to the NSLDS Online system for their organization.
- The completion of this application does not guarantee access; the user will be notified of their ID if approved by NSLDS.

ENROLL FAA USERS FOR ONLINE SERVICES
Existing Destination Point Administrators can select this icon to enroll FAA users for access to:

- FAA Access to CPS Online web site

Postsecondary schools, lenders, guarantors and their servers can enroll to exchange data with the following systems:

- CPS (FAFSA/ISIR)
- COD (Direct Loan, Pell, ACG and National SMART Grant)
- FISAP (eCampus)
- NSLDS (ER/On-line/eCDR)
- FMS (LaRS/GAFR)
- CSB (DL Delinquency Reports, Borrower Services)

CHECK YOUR MAILBOX ENROLLMENT INFORMATION
Existing Destination Point Administrators can select this icon to view the application systems and services for the institutions under their TG number.

Warning: During a web enrollment, if you leave your browser idle for more than 30 minutes, you will be unable to continue with the enrollment and must return to the beginning of the enrollment form.

This web site was last modified on 07/22/2007

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Other Enrollment Links	Make your selection below:
Frequently Asked Questions	Submit an Initial Application
Help	Add a new Destination Point (TG number/mailbox)
Contact Us	Modify existing services for a Destination Point
Home	Change Demographic Information
OMB NO: 1845-0002 Expiration Date: 12/31/2007 Burden Statement	Delete a Destination Point (TG number/mailbox)
Privacy Act	Enroll for a test mailbox ID

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Step One: Information about your organization

To further assist in your enrollment, please select the most appropriate response for your enrollment. You will be taken to the respective enrollment application form.

For Schools, Lenders/Lender Servicers, Third Party Servicers or Agencies

- [* My organization has an existing TG number \(mailbox\) with services and I am enrolling for another TG number for NSLDS On-line access only.](#)
- [* My organization has an existing TG number \(mailbox\) and I am enrolling for a new TG number with services.](#)
- [* My organization does NOT have an existing TG number \(mailbox\) and I am enrolling for a new TG number with services.](#)

For Department of Education Users/Contractors

- [* My organization is the Department of Education and I am enrolling for a new TG number.](#)
- [* My organization is a Department of Education contractor and I am enrolling for a new TG number.](#)

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Enter Demographic Information for the new Organization and Destination Point

Demographic Information

Please provide the following information about your Organization.

Please indicate your type of organization.

What is the name of your organization?

Who should receive all organization correspondence?

First Name

Last Name

Mailing Address

Optional Address

City

State

Zip -

Phone () - Ext.

Fax () - Ext.

Please provide the following information for the [Destination Point](#) (mailbox) you wish to add for your Organization.

What is the name of your organization?

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Fax () - Ext.

Email

Email Verify

Please indicate the method for delivery of your enrollment letter. U.S. Mail

Social Security Number *:

Date of birth: (Please enter this date in "mmddyyyy" format.)

Mother's maiden name :

Information about the [secondary Destination Point Administrator](#)
Note: a secondary DPA (SDPA) can modify the SAIG enrollment information and services but does not have access to on-line services granted to the DPA.
Enrollment of a SDPA is optional.

First Name

Last Name

Social Security Number *:

Date of birth: (Please enter this date in "mmddyyyy" format.)

*Please enter this number without the dashes. For example: 123-45-6789 is 123456789. For more information on the use of the SSN, reference the "Privacy Act" link on this page.

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<ul style="list-style-type: none"> ▣ Frequently Asked Questions ▣ Help ▣ Contact Us ▣ Home ▣ OMB NO: 1845-0002 Expiration Date: 12/31/2007 Burden Statement ▣ Privacy Act 	<p>Step Two: Destination Point services at your organization.</p> <p>Select the application system(s)/services(s) to add. Note: This will not change any current enrollment information for batch services unless noted in the enrollment</p> <p>Direct Loan Service Do you want to add a Direct Loan code to this destination point to submit and receive Direct Loan information? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Direct Loan Borrower Delinquency Report Do you want to add a Direct Loan code to this destination point to receive the Direct Loan Borrower Delinquency Report? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Central Processing System Do you want to add a Federal School code to this destination point to submit initial FAFSAs, FAFSA corrections and/or receive ISIRs? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>FISAP Do you want to add an OPE-ID to this destination point to participate in the Federal Work-Study, Federal Supplemental Educational Opportunity Grant, and/or Federal Perkins Loan Program? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>NSLDS Batch Do you want to add an OPE-ID to this destination point to submit and receive any of the following NSLDS batch files? Batch Financial Aid History/Transfer Student Monitoring Batch Enrollment Reporting (formerly known as SSCRs) Batch Perkins Loan data <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>NSLDS eCDR Do you want to add an OPE-ID to this destination point to receive the electronic Cohort Default Rate report? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Pell Grant, ACG or National SMART Grant Processing Do you want to add a Pell code to this destination point to submit and receive Pell Grant, Academic Competitiveness Grant (ACG) or National SMART Grant payment data? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p style="text-align: center;"> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Save for later"/> </p>

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Is this destination point to provide service for Initial Applications for the school selected? Yes No

**Data from initial FAFSA applications can come from two different destination points. Select the destination point to update. SAIG will provide a warning at the end of this transaction if you are attempting to take this service from another destination point. You will then have an opportunity to change your selection if desired.*

Select the destination point:

- Initial FAFSA applications destination point 1
- Initial FAFSA applications destination point 2

Is this destination point to provide service for Corrections (FAFSA corrections) for the school selected? Yes No

Is this destination point to receive ISIRs for the school selected? Yes No

ISIR Preferences

2006-2007 Cycle

[Select the delivery method](#) Daily By request

2007-2008 Cycle

[Select the delivery method.](#) Daily By request

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Add a new service for the new Destination Point

FISAP Service

Information about your organization

For which award years should this destination point submit and receive FISAP information?

- 2004-2005
- 2005-2006
- 2006-2007
- 2007-2008
- 2008-2009

Does your school have an OPE-ID? Yes No

Enter your school's OPE-ID:

School Address Information

Name of school:

Is the school's address the same as the destination point address? Yes No

If you answered no, complete:

Mailing Address:


City:

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Enter your school's OPE-ID:  Search

School Address Information

Name of school:

Is the school's address the same as the destination point address? Yes No

If you answered no, complete:

Mailing Address:

City:

State:

Zip: -

eCB Online Access

Once your service is established, as DPA you must also register for access to the eCampus-Based system through Security Architecture and establish a user id and password. Go to <http://cbfisap.ed.gov>, click on the "Login" button and then select "eCB Registration" from the menu on the left side of the screen. Complete the application and submit.

As the DPA, you will also be responsible for approving other users who wish to access your institution's data. You will receive an e-mail when someone attempts to register for access to your institution's data. You will log in to the Security Architecture site as described above and select "eCB DPA Admin Functions" from the menu on the left side of the screen. You can then review the access that is being requested and approve or deny the request.

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Add a new service for the new Destination Point

NSLDS Batch Service

For which school do you want this destination point to submit and receive [NSLDS](#) batch files?

[School OPE-ID:](#)

Financial Aid History/Transfer Student Monitoring

Will this destination point receive batch [Financial Aid History](#) and/or submit and receive batch [Transfer Student Monitoring](#) - (available only through SAIG mailbox)? Yes No

Note: School Transfer Profile must be completed on the https://www.nsls.ed.gov/nsls_FAP/secure/login.jsp web site to begin Transfer Monitoring

Enrollment Reporting

Will this destination point submit and receive [Enrollment Reporting information](#) ? Yes No

If yes, enter the effective date of action*:

**Please enter this date in "mmdyyyy" format.*

Will this destination point transmit Enrollment Reporting information via SAIG mailbox or magnetic tape?

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Enrollment Reporting

Will this destination point submit and receive [Enrollment Reporting information](#) ? Yes No

If yes, enter the effective date of action*:
**Please enter this date in "mmdyyyy" format.*

Will this destination point transmit Enrollment Reporting information via a SAIG mailbox or magnetic tape?

Magnetic Tape

Please specify the type of tape which will be used to send and receive Enrollment Reporting information.

Who should we contact if we receive a damaged tape?

First Name:

Last Name:

Phone: () -

Perkins Loan

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Perkins Loan

Will this destination point submit and receive batch [Perkins Loan](#) data? Yes No

If yes, enter the effective date of action*:

**Please enter this date in "mmdyyy" format.*

Will this destination point transmit Perkins Loan data via a SAIG mailbox or magnetic tape?

Magnetic Tape

Please specify the type of tape which will be used to send and receive Perkins Loan Data.

Who should we contact if we receive a damaged tape?

First Name:

Last Name:

Phone: () -

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Add a new service for the new Destination Point

Pell Grant, ACG and National SMART Grant Processing

For which school should this destination point submit and receive Pell Grant, Academic Competitiveness Grant (ACG) and/or National SMART Grant payment data?

[Federal School Code:](#)  Search

For which award years?

- 2005-2006
- 2006-2007
- 2007-2008

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<ul style="list-style-type: none">Frequently Asked QuestionsHelpContact UsHomeOMB NO: 1845-0002 Expiration Date: 12/31/2007 Burden StatementPrivacy Act	<p>Step Two: Destination Point services at your organization.</p> <p>Select the application system(s)/services(s) to add. Note: This will not change any current enrollment information for batch services unless noted in the enrollment</p> <p>FMS Do you want to add a Lender ID Number to this destination point to receive data from the Lender Reporting System? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Save for later"/></p>

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Add a new service for the new Destination Point

Financial Management System (FMS)

For which lender/servicer do you want this destination point to submit files to/receive files from the Lender Reporting System (LaRS)?


Lender/Servicer ID Number:

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<ul style="list-style-type: none"> ▣ Frequently Asked Questions ▣ Help ▣ Contact Us ▣ Home ▣ OMB NO: 1845-0002 Expiration Date: 12/31/2007 Burden Statement ▣ Privacy Act 	<p>Step Two: Destination Point services at your organization.</p> <p>Select the application system(s)/services(s) to add. Note: This will not change any current enrollment information for batch services unless noted in the enrollment</p> <p>Borrower Services Do you want to add a GA code to this destination point to submit and receive any of the following Borrower Services files? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Treasury Offset Process (TOP) Mandatory Assignment Process National Directory of New Hires (NDNH) IRS Skiptrace Conditional Disability Discharge (CDD)</p> <p>FMS Do you want to add a GA code to this destination point to submit files to/receive files from the Guaranty Agency Financial Reporting System (GAFR)? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>NSLDS Batch Do you want to add a GA Code to this destination point to submit and receive any of the following NSLDS batch files? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Financial Aid History Batch Enrollment Reporting (formerly known as SSCRs) Batch GA Loan data Loan Processing and Issuance Fee (LPIF) Back-up Detail Account Maintenance Fee (AMF) Back-up Detail Annual Reasonability Back-up Detail (Quarterly and Annual Calculations)</p> <p>Agency Do you want to add a GA code to this destination point to receive ISIRs with the Central Processing System (CPS)? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <hr/> <p style="text-align: center;"> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Save for later"/> </p>

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Add a new service for the new Destination Point

Financial Management System (FMS)

For which Guaranty Agency do you want this destination point to submit files to/receive files from the Guaranty Agency Financial Reporting System (GAFR)?

GA Code:

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Add a new service for the new Destination Point

NSLDS Batch Service

For which guaranty agency (GA) do you want this destination point to submit and receive [NSLDS](#) batch files?

[GA Code:](#)

Financial Aid History

Will this destination point receive batch [Financial Aid History](#) (FAH) - (available only through SAIG mailbox)? Yes No

Enrollment Reporting

Will this destination point submit and receive [Enrollment Reporting information](#)? Yes No

If yes, enter the effective date of action*:

**Please enter this date in "mmdyyyy" format.*

Will this destination point transmit Enrollment Reporting information via a SAIG mailbox or magnetic tape?

Magnetic Tape

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Enrollment Reporting

Will this destination point submit and receive [Enrollment Reporting information](#) ? Yes No

If yes, enter the effective date of action*:

**Please enter this date in "mmdyyyy" format.*

Will this destination point transmit Enrollment Reporting information via a SAIG mailbox or magnetic tape?

Magnetic Tape

Please specify the type of tape which will be used to send and receive Enrollment Reporting information.

Who should we contact if we receive a damaged tape?

First Name:

Last Name:

Phone: () -

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Batch GA Loan Data

Will this destination point submit and receive batch [GA Loan](#) data? Yes No

If yes, enter the effective date of action*:

**Please enter this date in "mmddyyyy" format.*

Will this destination point transmit GA Loan data via a SAIG mailbox or magnetic tape?

Magnetic Tape

Please specify the type of tape which will be used to send and receive GA Loan Data.

Who should we contact if we receive a damaged tape?

First Name:

Last Name:

Phone: () -

Loan Processing and Issuance Fee Back-up Detail

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Phone: ([]) [] - []

Loan Processing and Issuance Fee Back-up Detail

Will this destination point receive [Loan Processing and Issuance Fee Back-up Detail](#) ? Yes No

If yes, enter the effective date of action*: []

**Please enter this date in "mmdyyyy" format.*

Will this destination point receive Loan Processing and Issuance Fee Back-up Detail via a SAIG mailbox or magnetic tape? SAIG electronic mailbox

Magnetic Tape

Please specify the type of tape which will be used to receive Loan Processing and Issuance Fee Back-up Detail. Click Here

Who should we contact if we receive a damaged tape?

First Name: []

Last Name: []

Phone: ([]) [] - []

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https://www.fsaweberroll.ed.gov/PMEenroll/PMServlet.jrun

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SAIG Enrollment Form

Phone: () -

Account Maintenance Fee Back-up Detail

Will this destination point receive [Account Maintenance Fee Back-up Detail](#)? Yes No

If yes, enter the effective date of action*:

**Please enter this date in "mmdyyyy" format.*

Will this destination point receive Account Maintenance Fee Back-up Detail via a SAIG mailbox or magnetic tape?

Magnetic Tape

Please specify the type of tape which will be used to receive Account Maintenance Fee Back-up Detail.

Who should we contact if we receive a damaged tape?

First Name:

Last Name:

Phone: () -

Annual Reasonability Back-up Detail (Quarterly and Annual Calculations)

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https://www.fsawebenroll.ed.gov/PMEenroll/PMServlet.jrun

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Phone: () -

Annual Reasonability Back-up Detail (Quarterly and Annual Calculations)

Will this destination point receive [Annual Reasonability Back-up Detail](#) ? Yes No

If yes, enter the effective date of action*:

**Please enter this date in "mmdyyy" format.*

Will this destination point receive Annual Reasonability Back-up Detail via a SAIG mailbox or magnetic tape?

Magnetic Tape

Please specify the type of tape which will be used to receive Annual Reasonability Back-up Detail.

Who should we contact if we receive a damaged tape?

First Name:

Last Name:


Phone: () -

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<ul style="list-style-type: none"> Frequently Asked Questions Help Contact Us Home OMB NO: 1845-0002 Expiration Date: 12/31/2007 Burden Statement Privacy Act 	<p>Agency Service</p> <p>State Scholarship Agencies & State Guaranty Agencies</p> <p>EDE Service</p> <p>For which award years?</p> <p><input type="checkbox"/> 2006-2007 <input type="checkbox"/> 2007-2008</p> <hr/> <p>Please select the desired service(s):</p> <p>Automatic ISIR Processing: Residents <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Automatic ISIR Processing: Non-Residents <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>ISIR Preferences</p> <p>2006-2007 Cycle</p> <p>Select the delivery method <input checked="" type="radio"/> Daily <input type="radio"/> By request</p> <p>2007-2008 Cycle</p> <p>Select the delivery method <input checked="" type="radio"/> Daily <input type="radio"/> By request</p> <hr/> <p>Step Three: Agency Participation.</p> <p>If you wish to receive Electronic Institutional Student Information Record (ISIR) data, you must complete the following and by doing so you agree to obtain a signed release of information from the student prior to requesting the application record from the Central Processing System (CPS).</p>

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2007-2008 Cycle

[Select the delivery method](#) Daily By request

Step Three: Agency Participation.

If you wish to receive Electronic Institutional Student Information Record (ISIR) data, you must complete the following and by doing so you agree to obtain a signed release of information from the student prior to requesting the application record from the [Central Processing System \(CPS\)](#).

Since many states have programs which provide assistance to students attending institutions of higher education, and applicants for Federal student financial assistance generally also apply for assistance under state programs, the administration of such state programs would be greatly assisted if selected data received or generated by the U.S. Department of Education concerning applicants for Federal student aid were provided to the Agencies administering those programs. The Secretary of Education is willing to assist states in the administration of their student aid programs by providing them selected data in accordance with relevant provisions of the Privacy Act (5 U.S.C.552a) as long as such Agencies use that data for limited specified purposes and safeguard the confidentiality of the information provided.

Therefore, in order to facilitate the awarding of financial assistance to students attending institutions of higher education under State financial assistance programs, and to coordinate the awarding of such assistance with financial assistance provided by the Federal government under the Higher Education Amendments of 1992 (Pub. L. 102-325), the Secretary of Education (hereinafter referred to as the Secretary) will agree to furnish in accordance with relevant provisions of the Privacy Act to

Name of Agency administering higher education student financial aid program

City

State

(hereinafter referred to as Agency), on a periodic basis, the data set forth in Article I of the Agreement, with regard to persons applying for Federal student aid under the conditions set forth in Articles II and III of this Agreement.

ARTICLE I

1. The furnishing of data described in paragraph 2 of this Article has been established as a "routine use" under the provisions of the Privacy Act by publication in the Federal Register of September 21, 1990 (18-40-0014). The data described in Paragraph 3 of this Article with respect to a given applicant will be furnished only upon the express written consent of that applicant. Prior to disseminating any records, the Secretary will make reasonable efforts to be assured that the records to be furnished are accurate, complete, timely, and relevant (5 U.S.C. 522(e)(8)).

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https://www.isawebenroll.ed.gov/PMEenroll/PMServlet.jrun

Click Here

include: the name of the Federal student aid applicant and that applicant's address, social security number, date of birth, dependency status, year in school, the applicant's Expected Family Contribution, and the Department of Education's assigned institution number for the institution(s) of higher education which the applicant has indicated an interest in attending.

3. The data that will be furnished by the Secretary upon the expressed written request of those applicants residing, or applying for assistance, in the State of

Click Here

include all of the information contained in the "Free Application for Federal Student Aid" (FAFSA).

ARTICLE II

1. The Agency may use the data furnished to it under the Agreement only with regard to the administration of a State's and the Federal government's programs of financial assistance to students in institutions of higher education.

2. The Agency shall take all steps necessary to safeguard the confidentiality of the data received. The Agency may provide access to, and may release such data, only to those personnel of the Agency who are specifically authorized by the Agency to receive and review that data in connection with the application for and receipt of financial aid for postsecondary education provided or administered by the Agency.

For purposes of this Agreement, "administration" includes calculation of State student financial aid awards, guaranteeing of Federal student loans, research necessary for the proper administration of the State program, and verification of data provided by the applicant on State student aid applications. The Agency may, however, release to the public statistical summary data obtained from the information furnished by the Secretary, provided that the identity of individual Federal student aid applicants cannot be ascertained from such summary data.

3. The Agency agrees to comply with all provisions of the Higher Education Act of 1965, as amended.

ARTICLE III

1. This article shall remain in force until terminated by the Agency or the Secretary. The expiration of this agreement shall not, however, affect the obligations incurred by the Agency under this Agreement.

2. If the Secretary finds that there has been a failure to comply with Article II or paragraph (1) of Article III of this Agreement, the Agency shall, upon the request of the Secretary, return all the data furnished to it under this Agreement and copies made of such data. Furthermore, the Secretary may terminate this Agreement or take such other action as may be necessary and appropriate to protect the interest of the United States and the Federal aid applicants.

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Add a new service for the new Destination Point

Agency Service

State Scholarship Agencies & State Guaranty Agencies

EDE Service

For which award years? 2006-2007 2007-2008

Please select the desired service(s):

[Automatic ISIR Processing: Residents](#) Yes No

[Automatic ISIR Processing: Non-Residents](#) Yes No

ISIR Preferences

2006-2007 Cycle
[Select the delivery method](#) Daily By request

2007-2008 Cycle
[Select the delivery method](#) Daily By request

[FDR Processing \(By request only\)](#) Yes No

Step Three: Agency Participation.

If you wish to receive Electronic Institutional Student Information Record (ISIR) data, you must complete the following and by doing

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[PDR Processing \(by request only\)](#) Yes No

Step Three: Agency Participation.

If you wish to receive Electronic Institutional Student Information Record (ISIR) data, you must complete the following and by doing so you agree to obtain a signed release of information from the student prior to requesting the application record from the [Central Processing System \(CPS\)](#).

Since many states have programs which provide assistance to students attending institutions of higher education, and applicants for Federal student financial assistance generally also apply for assistance under state programs, the administration of such state programs would be greatly assisted if selected data received or generated by the U.S. Department of Education concerning applicants for Federal student aid were provided to the Agencies administering those programs. The Secretary of Education is willing to assist states in the administration of their student aid programs by providing them selected data in accordance with relevant provisions of the Privacy Act (5 U.S.C.552a) as long as such Agencies use that data for limited specified purposes and safeguard the confidentiality of the information provided.

Therefore, in order to facilitate the awarding of financial assistance to students attending institutions of higher education under State financial assistance programs, and to coordinate the awarding of such assistance with financial assistance provided by the Federal government under the Higher Education Amendments of 1992 (Pub. L. 102-325), the Secretary of Education (hereinafter referred to as the Secretary) will agree to furnish in accordance with relevant provisions of the Privacy Act to

Name of Agency administering higher education student financial aid program

City

State

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ARTICLE I

1. The furnishing of data described in paragraph 2 of this Article has been established as a "routine use" under the provisions of the Privacy Act by publication in the Federal Register of September 21, 1990 (18-40-0014). The data described in Paragraph 3 of this Article with respect to a given applicant will be furnished only upon the express written consent of that applicant. Prior to disseminating any records, the Secretary will make reasonable efforts to be assured that the records to be furnished are accurate, complete, timely, and relevant (5 U.S.C. 522(e) (6))
2. The data that will be furnished by the Secretary for all applicants residing, or applying for assistance, in the State of

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include: the name of the Federal student aid applicant and that applicant's address, social security number, date of birth, dependency status, year in school, the applicant's Expected Family Contribution, and the Department of Education's assigned institution number for the institution(s) of higher education which the applicant has indicated an interest in attending.

3. The data that will be furnished by the Secretary upon the expressed written request of those applicants residing, or applying for assistance, in the State of

Click Here

include all of the information contained in the "Free Application for Federal Student Aid" (FAFSA).

ARTICLE II

1. The Agency may use the data furnished to it under the Agreement only with regard to the administration of a State's and the Federal government's programs of financial assistance to students in institutions of higher education.

2. The Agency shall take all steps necessary to safeguard the confidentiality of the data received. The Agency may provide access to, and may release such data, only to those personnel of the Agency who are specifically authorized by the Agency to receive and review that data in connection with the application for and receipt of financial aid for postsecondary education provided or administered by the Agency.

For purposes of this Agreement, "administration" includes calculation of State student financial aid awards, guaranteeing of Federal student loans, research necessary for the proper administration of the State program, and verification of data provided by the applicant on State student aid applications. The Agency may, however, release to the public statistical summary data obtained from the information furnished by the Secretary, provided that the identity of individual Federal student aid applicants cannot be ascertained from such summary data.

3. The Agency agrees to comply with all provisions of the Higher Education Act of 1965, as amended.

ARTICLE III

1. This article shall remain in force until terminated by the Agency or the Secretary. The expiration of this agreement shall not, however, affect the obligations incurred by the Agency under this Agreement.

2. If the Secretary finds that there has been a failure to comply with Article II or paragraph (1) of Article III of this Agreement, the Agency shall, upon the request of the Secretary, return all the data furnished to it under this Agreement and copies made of such data. Furthermore, the Secretary may terminate this Agreement or take such other action as may be necessary and appropriate to protect the interest of the United States and the Federal aid applicants.


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<ul style="list-style-type: none"> ▣ Frequently Asked Questions ▣ Help ▣ Contact Us ▣ Home ▣ OMB NO: 1845-0002 Expiration Date: 12/31/2007 Burden Statement ▣ Privacy Act 	<p>Agency Service</p> <p>National Guaranty Agencies</p> <p>For which award years?</p> <p><input type="checkbox"/> 2006-2007</p> <p><input type="checkbox"/> 2007-2008</p> <hr/> <p>FDR Service Selection Information:</p> <p>Since you are a National Guaranty Agency you are automatically signed up for FDR Processing.</p> <hr/> <p>Step Three: Agency Participation.</p> <p>If you wish to receive Electronic Institutional Student Information Record (ISIR) data, you must complete the following and by doing so you agree to obtain a signed release of information from the student prior to requesting the application record from the Central Processing System (CPS).</p> <p>Since many states have programs which provide assistance to students attending institutions of higher education, and applicants for Federal student financial assistance generally also apply for assistance under state programs, the administration of such state programs would be greatly assisted if selected data received or generated by the U.S. Department of Education concerning applicants for Federal student aid were provided to the Agencies administering those programs. The Secretary of Education is willing to assist states in the administration of their student aid programs by providing them selected data in accordance with relevant provisions of the Privacy Act (5 U.S.C.552a) as long as such Agencies use that data for limited specified purposes and safeguard the confidentiality of the information provided.</p> <p>Therefore, in order to facilitate the awarding of financial assistance to students attending institutions of higher education under State financial assistance programs, and to coordinate the awarding of such assistance with financial assistance provided by the Federal government under the Higher Education Amendments of 1992 (Pub. L. 102-325), the Secretary of Education</p>

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2. The data that will be furnished by the Secretary for all applicants residing, or applying for assistance, within the United States of America include: the name of the Federal student aid applicant and that applicant's address, social security number, date of birth, dependency status, year in school, the applicant's Expected Family Contribution, and the Department of Education's assigned institution number for the institution(s) of higher education which the applicant has indicated an interest in attending.

ARTICLE II

1. The Agency may use the data furnished to it under the Agreement only with regard to the administration of a State's and the Federal government's programs of financial assistance to students in institutions of higher education.
2. The Agency shall take all steps necessary to safeguard the confidentiality of the data received. The Agency may provide access to, and may release such data, only to those personnel of the Agency who are specifically authorized by the Agency to receive and review that data in connection with the application for and receipt of financial aid for postsecondary education provided or administered by the Agency.

For purposes of this Agreement, "administration" includes calculation of State student financial aid awards, guaranteeing of Federal student loans, research necessary for the proper administration of the State program, and verification of data provided by the applicant on State student aid applications. The Agency may, however, release to the public statistical summary data obtained from the information furnished by the Secretary, provided that the identity of individual Federal student aid applicants cannot be ascertained from such summary data.
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Add a New Destination Point (TG number/Mailbox)

Add a new Destination Point for your organization using: TG

In order to login with the TG Number entered above, you must be either the Destination Point Administrator (DPA) or Secondary DPA of that TG Number.

Note: Only Primary TG Numbers are permitted to enroll additional destination points under the organization's hierarchy.

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For security purposes, complete the following:

Social Security Number:*

Date of Birth (mmddyyyy):**

[What if I forgot my authentication information?](#)

**Please enter this number without the dashes. For example: 123-45-6789 is 123456789. For more information on the use of the SSN, reference the "Privacy Act" link on this page.*

*** Please enter this date in "mmddyyyy" format. For example, August 17, 1970 is 08171970.*

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Enter Demographic Information for the new Destination Point

Demographic Information

Please indicate your type of organization. Third-party servicer

Please provide the following information for the [Destination Point](#) (mailbox) you wish to add for your Organization.

What is the name of the new user's destination point?

Please provide the following information for the person you are enrolling as the [Destination Point Administrator](#).

First Name

Last Name

Mailing Address

City

State

Zip -

Phone () - Ext.

Fax () - Ext.

Email

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Fax () - Ext.

Email

Email Verify

Please indicate the method for delivery of your enrollment letter. U.S. Mail

Social Security Number *:

Date of birth: (Please enter this date in "mmddyyyy" format.)

Mother's maiden name :

Information about the [secondary Destination Point Administrator](#)
Note: a secondary DPA (SDPA) can modify the SAIG enrollment information and services but does not have access to on-line services granted to the DPA.
Enrollment of a SDPA is optional.

First Name

Last Name

Social Security Number *:

Date of birth: (Please enter this date in "mmddyyyy" format.)

*Please enter this number without the dashes. For example: 123-45-6789 is 123456789. For more information on the use of the SSN, reference the "Privacy Act" link on this page.

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Make your selection below:

- [Add a new service](#) ?
- [Change existing services](#) ?
- [Delete existing services](#) ?
- [Add new destination point/change demographic information](#) ?
- [End session and exit the enrollment site](#) ?

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Modify a service for Destination Point TG52211

Current Destination Point Services

Below is a list of the services and institutions associated with this Destination Point. Select an institution from the list to view and/or modify the service.

[Sort by Institution Code](#) | Sort by Institution Name

Central Processing System

2006-2007

014438	CLEVELAND CHIROPRACTIC COLLEGE
------------------------	--------------------------------

2007-2008

014438	CLEVELAND CHIROPRACTIC COLLEGE
------------------------	--------------------------------

FISAP

2004-2005

02090700	CLEVELAND CHIROPRACTIC COLLEGE
--------------------------	--------------------------------

2005-2006

02090700	CLEVELAND CHIROPRACTIC COLLEGE
--------------------------	--------------------------------

2006-2007

02090700	CLEVELAND CHIROPRACTIC COLLEGE
--------------------------	--------------------------------

2007-2008

02090700	CLEVELAND CHIROPRACTIC COLLEGE
--------------------------	--------------------------------

2008-2009

02090700	CLEVELAND CHIROPRACTIC COLLEGE
--------------------------	--------------------------------

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02090700	CLEVELAND CHIROPRACTIC COLLEGE
2008-2009	
02090700	CLEVELAND CHIROPRACTIC COLLEGE
<hr/>	
NSLDS Batch	
02090700	CLEVELAND CHIROPRACTIC COLLEGE
<hr/>	
NSLDS On-line	
02090700	CLEVELAND CHIROPRACTIC COLLEGE
<hr/>	
Pell Grant, ACG and National SMART Grant Processing	
2005-2006	
014438	CLEVELAND CHIROPRACTIC COLLEGE
2006-2007	
014438	CLEVELAND CHIROPRACTIC COLLEGE
2007-2008	
014438	CLEVELAND CHIROPRACTIC COLLEGE
<hr/>	
NSLDS eCDR	
02090700	CLEVELAND CHIROPRACTIC COLLEGE
<hr/>	

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Delete a service for Destination Point TG52211

[Sort by Institution Code](#) | Sort by Institution Name

Central Processing System

Year	Institution Code	Institution Name
2006-2007	014438	CLEVELAND CHIROPRACTIC COLLEGE
2007-2008	014438	CLEVELAND CHIROPRACTIC COLLEGE

FISAP

Year	Institution Code	Institution Name
2004-2005	02090700	CLEVELAND CHIROPRACTIC COLLEGE
2005-2006	02090700	CLEVELAND CHIROPRACTIC COLLEGE
2006-2007	02090700	CLEVELAND CHIROPRACTIC COLLEGE
2007-2008	02090700	CLEVELAND CHIROPRACTIC COLLEGE
2008-2009	02090700	CLEVELAND CHIROPRACTIC COLLEGE

NSLDS Batch

Year	Institution Code	Institution Name
2009-2010	02090700	CLEVELAND CHIROPRACTIC COLLEGE

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02090700	CLEVELAND CHIROPRACTIC COLLEGE
2008-2009	
02090700	CLEVELAND CHIROPRACTIC COLLEGE
<hr/>	
NSLDS Batch	
02090700	CLEVELAND CHIROPRACTIC COLLEGE
<hr/>	
NSLDS On-line	
02090700	CLEVELAND CHIROPRACTIC COLLEGE
<hr/>	
Pell Grant, ACG and National SMART Grant Processing	
2005-2006	
014438	CLEVELAND CHIROPRACTIC COLLEGE
2006-2007	
014438	CLEVELAND CHIROPRACTIC COLLEGE
2007-2008	
014438	CLEVELAND CHIROPRACTIC COLLEGE
<hr/>	
NSLDS eCDR	
02090700	CLEVELAND CHIROPRACTIC COLLEGE
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<ul style="list-style-type: none">Frequently Asked QuestionsHelpContact UsHomeOMB NO: 1845-0002 Expiration Date: 12/31/2007 Burden StatementPrivacy Act	<p>You are about to delete this service!</p> <p>CLEVELAND CHIROPRACTIC COLLEGE (014438) Central Processing System - 2006-2007</p> <p>If you are sure you would like to proceed with deleting this service, press the "OK" button below. To cancel and return to school list, press the "Cancel" button.</p> <p style="text-align: center;"><input type="button" value="OK"/> <input type="button" value="Cancel"/></p>

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Delete/Inactivate a Destination Point

Enter the "Primary" TG number of your organization or the TG number you want to delete/inactivate: TG

If you log in as the Primary TG number, a list will display of all the Destination Points under your hierarchy. Using this list, you can delete/inactivate Destination Points. If you do not log in as the Primary TG number, you will only be able to delete your own Destination Point.

You can determine the "Primary" TG number of your organization by using the "Review Your Organization's Mailboxes" link on the home page.

In order to login with the TG number entered above, you must be either the Destination Point Administrator (DPA) or Secondary DPA of that TG Number.


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Delete a TG Number

Below is a listing of the active TG numbers for your organization. Select a TG number by clicking on the respective hyperlink. You will be shown the services under that TG number and given the option of inactivating the TG number and removing all the services. Only one TG number can be selected at a time. If you have more than one TG to delete, you will be able to return to the TG number selection page. As the primary TG number for your organization, your TG cannot be deleted, unless it is the only one listed below.

TG52211	CLEVELAND CHIROPRACTIC COLLEGE	CAPRICE CALAMAI0
TG31960	CLEVELAND CHIROPRACTIC COLLEGE-UKLE	RACHEL UKLEJA
TG38341	CLEVELAND CHIROPRACTIC COLLEGE-NILS	LINDA NILSSEN
TG38866	CLEVELAND CHIROPRACTIC COLLEGE-PEDE	ANDREA PEDERSEN
TG39887	CLEVELAND CHIROPRACTIC COLL-CARSON	VALERIE CARSON

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Inactivate and remove services from [TG 31960 - CLEVELAND CHIROPRACTIC COLLEGE-UKLE]

Below is a list of services and schools associated with this Destination Point. All the services and schools and the destination point/mailbox will be deleted/inactivated once the "Delete" button is selected. To continue with this process, select "Delete" to inactivate the TG number and remove all services. To cancel the deletion process, select "Cancel".

Please be advised that batch services that are removed from a destination point will not be serviced by another TG number unless another enrollment is completed.

NSLDS On-line

02090700	CLEVELAND CHIROPRACTIC COLLEGE
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<ul style="list-style-type: none">Frequently Asked QuestionsHelpContact UsHomeOMB NO: 1845-0002 Expiration Date: 12/31/2007 Burden StatementPrivacy Act	<p>End of the Enrollment Form</p> <p>Please select 'Next' to proceed to the Final Review page. On the Final Review page you will have the opportunity to review the enrollment information just entered and make any final changes.</p> <p style="text-align: center;"><input type="button" value="Previous"/> <input type="button" value="Next"/></p>

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Add a new NSLDS user - Final Review

Final Review

This final review shows the updates that you have just entered. It does not display your current enrollment status, which can be viewed by selecting the "Check Your Mailbox Enrollment Information" link on the home page. **Services marked below as "No" will not impact your current enrollment.**

Please indicate your type of organization. Postsecondary school

Information about your destination point

Information about a Destination Point Administrator at your organization.

What is the name of your destination point? LAKE SUPERIOR STATE UNIV-FAUST

First Name: John

Last Name: Test

Mailing Address: 650 W. EASTERDAY AVE.

City: SAULT STE. MARIE

State: Michigan

Zip: 49783 -

Phone: (228) 444 - 4444 Ext.

Fax: (906) 635 - 6669 Ext.

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What is the name of your destination point? [LAKE SUPERIOR STATE UNIV-FAUST](#)

First Name: [John](#)

Last Name: [Test](#)

Mailing Address: [650 W. EASTERDAY AVE.](#)

City: [SAULT STE. MARIE](#)

State: [Michigan](#)

Zip: [49783 -](#)

Phone: ([228](#)) [444 - 4444](#) Ext.

Fax: ([906](#)) [635 - 6669](#) Ext.

Email:

Please indicate the method for delivery of your enrollment letter. [U.S. Mail](#)

Social Security Number *: [510221122](#)

Date of birth **: [05101965](#)

Mother's maiden name: [smith](#)

Information about a secondary Destination Point Administrator at your organization.

First Name:

Last Name:

Social Security Number *:

Date of birth **:


Submit Form Cancel Save for later

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Signature Page Instructions

You have successfully completed (1) **Step One**, identifying yourself and (2) **Step Two**, identifying the services you would like to add/modify. You are about to complete (3) **Step Three**, providing the destination point signature(s) and (4) **Step Four**, providing the authorizing official signatures of your organization and any necessary authorizing official signatures for the institutions you are servicing.

Step Three: Responsibilities of the Destination Point Administrator.

The U.S. Department of Education is required to collect the signature for each destination point administrator identified in Step Two. Each destination point administrator **must read and sign** this statement. All the original signature documents **must be submitted** to: CPS/SAIG Technical Support.

A copy of each signed and dated statement must be maintained by your organization. Once we receive all necessary signatures from you, we will process your enrollment. If your enrollment was for a new TG number, we will send you your SAIG TG and customer numbers.

Step Four: Certification of the President/CEO/Chancellor.

The U.S. Department of Education is required to collect the signature of the chief officer of the organization (President, CEO, Chancellor, equivalent person, or Designee) for each destination point administrator identified in Step Two. (Please note that in order for a person to be recognized as the "official" designee of an organization, SAIG must have on file the designee signature pages with the appropriate signature.)

For each destination point, the chief officer of the organization must sign this certification statement. If your organization is a third-party servicer acting on a school's behalf, both the school's chief officer and your organization's chief officer must sign. All the original signature documents **must be submitted** to: CPS/SAIG Technical Support.

A copy of each signed and dated statement must be maintained by your organization.

Printing and sending the signature pages.

To view and print the certification statements and instructions, push the **Print Signature Pages** button below.

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A copy of each signed and dated statement must be maintained by your organization. Once we receive all necessary signatures from you, we will process your enrollment. If your enrollment was for a new TG number, we will send you your SAIG TG and customer numbers.

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A copy of each signed and dated statement must be maintained by your organization.

Printing and sending the signature pages.

To view and print the certification statements and instructions, push the **Print Signature Pages** button below.

All the original signature documents must be submitted to:

CPS/SAIG Technical Support
2450 Oakdale Blvd.
Coralville, IA 52241-9728

PLEASE NOTE: Your enrollment request will not be processed until CPS/SAIG Technical Support receives all certification statements, completed and signed.

If the signature page does not populate in the Adobe Reader window, press the "F5" key on your keyboard when the Adobe Reader application is the active window.

Print Signature Pages

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Congratulations.

Confirmation Stamp: 00000078401

Congratulations on completing your SAIG Enrollment application! Your application was successfully transmitted to the U.S. Department of Education. We recommend you print this page as a confirmation that your application was received.

We will hold your application until we receive your signed signature page(s). Once we receive all necessary signatures from you, we will process your application. If you have established a new Destination Point, we will send the new Destination Point Administrator the enrollment information by the method selected (e-mail or mail).

If you have changed or added services, you may download your new software and/or documentation at www.fsadownload.ed.gov.

If you are a current DPA, you must collect and maintain SAIG User Statements from all individuals who you grant access to your SAIG mailbox. Even if you have no new enrollment information to submit to SAIG at this time, you must print and complete a copy of the User Statement if you have none on file for a current SAIG mailbox user. **Do not send this form to SAIG.** Keep a copy of the signed statement for your records.

Attachment B: [SAIG User Statement](#)

We value your input regarding your experience with the SAIG Web Enrollment site. To provide feedback or to report any problems, click on the "Survey" button below.

Survey

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Check Your Destination Point Enrollment Information

View the enrollment status for Destination Point: TG

In order to login with the TG number entered above, you must be either the Destination Point Administrator (DPA) or Secondary DPA of that TG number.