

Third-Party Servicer Data Collection

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

The Third-Party Servicer Inquiry form is an OMB-approved data collection tool utilized to obtain information needed to validate third-party servicer information reported to the Department by institutions, as well as to collect additional information from third-party servicers needed for effective oversight.

A third-party servicer is an entity or individual that administers any aspect of an institution's participation in the Title IV programs, including, but not limited to, services and functions necessary:

- For the institution to remain eligible to participate in the Title IV programs,
- To determine a student's eligibility for Title IV funds,
- To account for Title IV funds,
- To deliver Title IV funds to students, or
- To perform any other aspect of the administration of the Title IV programs.

Third-Party Servicer Inquiry Form

Get Started

Entities or individuals that meet the definition of a third-party servicer are required to submit the Third-Party Servicer Inquiry Form to the Department. Third-party servicers are required to update information provided on the Third-Party Servicer Inquiry Form within 10 days of the date that:

- The servicer changes its name;
- The servicer changes the address or contact information for its primary location or additional location;
- The servicer adds or terminates a contract with an eligible Title IV institution; or
- The servicer buys, sells, or merges with another third-party servicer.

Resources

[TPS Inquiry Form in PDF](#)

Preview the TPS Inquiry Form here. Note: If the PDF comes up blank, please click the Refresh button twice. (This is a known bug with this Web browser.)

[ez-Audit](#)

Submit Annual Compliance Audits

Help From Third-Party Servicer Oversight Group

For help with completing the Third-Party Servicer Inquiry Form, please contact the Third-Party Servicer Oversight Group.

For issues with your user ID or password, contact Partner Connect Customer Support via the Help Center.

Third-Party Servicer Oversight Group
FSAPC3rdpartyserviceroversight@ed.gov
 816 268 0543.

Additional Information

Paperwork Reduction Statement
 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco

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KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Requirement

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- 1 Requirement**
- 2 General Inquiry ▾
- 3 Demographic Inquiry ▾
- 4 Contact Inquiry ▾
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Requirement

A third-party servicer is an entity or individual that administers any aspect of an institution's participation in the Title IV programs, including, but not limited to, services and functions necessary:

- For the institution to remain eligible to participate in the Title IV programs
- To determine a student's eligibility for Title IV funds
- To account for Title IV funds
- To deliver Title IV funds to students
- To perform any other aspect of the administration of the Title IV programs

In making a determination as to whether or not an entity or individual is considered a third-party servicer, the Department looks at each case individually and focuses on the specific service(s) or function(s) being performed at that institution, as opposed to a title that the entity may be using or a generic description of the types of services provided. Servicers often offer multiple versions of a product or service and frequently customize a product or service based on an institution's unique needs. It is possible for an entity to be considered a third-party servicer at one institution and not at another depending on the specific services or functions that the entity performs at each institution.

Submission of this inquiry and any supporting documentation is required if you contract with an institution to perform functions or services related to an institution's Title IV eligibility, the eligibility of the institution's academic programs, or a student's Title IV eligibility.

[Save Draft](#) [Next](#)

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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General Inquiry

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✓ Requirement
- 2 General Inquiry**
- General Inquiry
- Services Provided
- Software System(s)
- 3 Demographic Inquiry ▾
- 4 Contact Inquiry
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

General Inquiry

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.

1. What is the purpose of this inquiry?

2. What is the legal name of this company/organization?

3. What is the EIN/TIN of this company/organization?

4. What is the Unique Entity Identifier (UEI) of this company/organization?

5. When did this company/organization begin conducting business as a third-party servicer on behalf of Title IV, HEA institution(s)?

[Previous](#) Save Draft [Next](#)

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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Help Center

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KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- 2 **General Inquiry** ^
 - ✔ General Inquiry
 - **Services Provided**
 - Software System(s)
- 3 Demographic Inquiry v
- 4 Contact Inquiry
- 5 Servicer Structure
- 6 Ownership Inquiry v
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Services Provided

Identify the specific functions or services that this company/organization performs on behalf of Title IV eligible institutions.

Select + **Add New** to add a new service provided. To edit a previously reported service provided select the **Edit** icon.

[+ Add New](#)

Main Services	Specific Services	Effective Date	End Date	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	

Previous

 Save Draft
Next

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- 2 **General Inquiry** ^
- ✔ General Inquiry
- Services Provided
- Software System(s)
- 3 Demographic Inquiry ▾
- 4 Contact Inquiry
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Services

6. Select the main and specific service that this company/organization performs below. If you do not see a service in the list provided, select "other" and provide an explanation of the functions or service(s) performed. To report additional services this company/organization performs, select Add Service below to return to the table in the previous screen. [L](#)

Main Service

Select ▾

Date Information

Effective Date [L](#)

📅

End Date [L](#)

📅

Cancel
Add Service

<p>KNOWLEDGE CENTER</p> <ul style="list-style-type: none"> Knowledge Center Home FSA Handbook Knowledge Center FAQ <p>TRAINING</p> <ul style="list-style-type: none"> Training Resources FSA Training Conference Financial Aid Toolkit 	<p>FINANCIAL AID DELIVERY</p> <ul style="list-style-type: none"> Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management 	<p>TITLE IV PROGRAM ELIGIBILITY</p> <ul style="list-style-type: none"> Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports 	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <ul style="list-style-type: none"> Account Search Date Range Search Record ID Search <p>PARTNER PROFILE</p> <ul style="list-style-type: none"> Partner Search 	<p>MORE INFO</p> <ul style="list-style-type: none"> About This Site Data Center Help Center Feedback Center Important Dates
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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- 2 **General Inquiry** ^
 - ✔ General Inquiry
 - Services Provided
 - Software System(s)
- 3 Demographic Inquiry ▾
- 4 Contact Inquiry
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Services

6. Select the main and specific service that this company/organization performs below. If you do not see a service in the list provided, select "other" and provide an explanation of the functions or service(s) performed. To report additional services this company/organization performs, select Add Service below to return to the table in the previous screen. [i](#)

Main Service

Deliver Title IV Credit Balance Refunds to Students or Parents ▾

Specific Service

Select ▾

Other: Please describe the services provided.

Enter explanation here

Date Information

Effective Date [i](#)

MM/DD/YYYY

End Date [i](#)

MM/DD/YYYY

Cancel
Add Service

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit	PARTNER PROFILE Partner Search			

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry** ^
 - General Inquiry
 - Services Provided**
 - Software System(s)
- Demographic Inquiry ▾
- Contact Inquiry
- Servicer Structure
- Ownership Inquiry ▾
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- Withdrawal Inquiry
- Upload Documents
- Submit TPS Inquiry Form
- Certification

Services Provided

Identify the specific functions or services that this company/organization performs on behalf of Title IV eligible institutions.

Select **+ Add New** to add a new service provided. To edit a previously reported service provided select the Edit Icon.

[+ Add New](#)

Main Services	Specific Services	Effective Date	End Date	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	

[Previous](#)
 Save Draft
[Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✓ Requirement
- 2 General Inquiry**
- ✓ General Inquiry
- ✓ Services Provided
- Software System(s)
- 3 Demographic Inquiry ▾
- 4 Contact Inquiry
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Software System(s)

7. Please indicate the Department systems that this company/organization accesses or utilizes to perform functions on behalf of eligible higher education institutions.

Select ▾

8. Does this company/organization download or receive files containing information downloaded from Department systems to perform functions on behalf of eligible higher education institutions?

Yes
 No

9. Does this company/organization have access to information downloaded from Department systems into an eligible higher education institution's system or another entity's system?

Yes
 No

10. How does this company/organization maintain data it downloads from Department systems and/or received from institutions of higher education or other entities?

Select ▾

[Previous](#) Save Draft [Next](#)

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- 2 **General Inquiry** ^
 - ✔ General Inquiry
 - ✔ Services Provided
 - Software System(s)
- 3 Demographic Inquiry ▾
- 4 Contact Inquiry
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Software System(s)

Provide information for all the software systems this company/organization utilizes to perform functions or services on behalf of higher education institutions. [U](#)

Select + **Add New** to add a new software system. To edit a previously reported software system select the **Edit** icon.

[+ Add New](#)

Software System	Software Company	Website	Effective Date	End Date	
Software System Name	Software Company Name	companyname.com	08/31/2020	08/31/2021	
Details					
BUSINESS STREET ADDRESS			CLOUD ENVIRONMENT		
123 College Street Suite 502 Address 3 Evanston, IL 60201-0004 United States of America			SOFTWARE SYSTEM MAINTAINED		
> Software System Name	Software Company Name	companyname.com	08/31/2020	08/31/2021	
> Software System Name	Software Company Name	companyname.com	08/31/2020	08/31/2021	
> Software System Name	Software Company Name	companyname.com	08/31/2020	08/31/2021	

[Previous](#)
[Save Draft](#) Next

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- 2 General Inquiry ▾
 - ✔ General Inquiry
 - ✔ Services Provided
 - 2 Software System(s)
- 3 Demographic Inquiry ▾
- 4 Contact Inquiry ▾
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Software System(s)

Name of Software System

Name of Software Company

Provide the software company's address information.

Address Information

Country

Business Street Address 1

Business Street Address 2 -optional

City

State/Territory or Foreign Province

Zip Code +4 -optional

 -

Postal Code

12. Effective Date [?](#)

13. End Date [?](#)

14. Is this software system maintained on servers owned and controlled by this company/organization, institutions of higher education, or the software service provider?

15. Is this system maintained in a cloud environment?

Yes

No

Cancel
Add Software System

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Returns of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Correct](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [RecurID Search](#)

PARTNER PROFILE

- [Partner Search](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

Demographic Inquiry

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ TITLE IV PROGRAM ELIGIBILITY ▾ PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- 3 Demographic Inquiry** ▴
 - Merger/Acquisition**
 - Demographic Inquiry
- 4 Contact Inquiry ▾
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Merger/Acquisition

You selected merger/acquisition as the purpose of this inquiry. Please provide a detailed written description of the merger/acquisition that you are reporting and upload documentation that supports this transaction. [L](#)

Merger/Acquisition Documentation

[Upload Files](#)

Merger/Acquisition Comments

Enter comments here

[Previous](#) [Save Draft](#) [Next](#)

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- 3** Demographic Inquiry ▾
 - Merger/Acquisition
 - Demographic Inquiry
- 4** Contact Inquiry ▾
- 5** Servicer Structure
- 6** Ownership Inquiry ▾
- 7** Location Inquiry
- 8** Client Inquiry
- 9** Subcontracts/Affiliates Inquiry
- 10** Withdrawal Inquiry
- 11** Upload Documents
- 12** Submit TPS Inquiry Form
- 13** Certification

Demographic Inquiry

1. Does this company/organization have another name such as a trade name or a d/b/a name, under which the company conducts business?

Yes
 No

Trade or D/B/A Name

2. Has this company ever operated under different name(s)? If yes, please provide the name(s):

Yes
 No

Former Company/Organization Name

3. What name does this company/organization utilize to file its required annual compliance audit?

4. What is the fiscal year end date for this company/organization?

5. What is the URL for this company/organization's website?

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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[FOIA](#) | [Privacy](#) | [Security](#) | [Notices](#) | [WhiteHouse.gov](#) | [USA.gov](#) | [Ed.gov](#)

Contact Inquiry

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry** ▾
 - E&O Administrator
 - Alternate E&O Administrator
 - Individual Completing Form
 - Highest Ranking Officer
 - Primary Contact
 - Secondary Contact
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Eligibility and Oversight Administrator

Identify your Eligibility and Oversight Administrator.

Select + **Add New** to add a new Eligibility and Oversight Administrator at your institution. To edit information about an Eligibility and Oversight Administrator select the **Edit** icon.

[+ Add New](#)

E&O Administrator Name	Role	Job Title	Role Effective Date	Role End Date	
Mr. Alexander J. Hamilton Jr.	Chief Executive Officer	President	08/31/2020		

Details

CONTACT INFORMATION

Email: alexander.hamilton1755@americanrevolution.edu
 Telephone Number: (123) 555-1234
 Fax Number: (123) 555-1234

BUSINESS STREET ADDRESS

123 College Street
 Suite 502
 Address 3
 Evanston, IL 60201-0004
 United States of America

Mr. Alexander J. Hamilton Jr.	Chief Financial Officer	CFO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Financial Aid Director	COO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Information Officer	CIO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Operation Officer	Other Executive	08/31/2020	08/31/2021	

[Previous](#)
[Save Draft](#) [Next](#)

KNOWLEDGE CENTER

[Knowledge Center Home](#)
[FSA Handbook](#)
[Knowledge Center FAQ](#)

TRAINING

[Training Resources](#)
[FSA Training Conference](#)
[Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

[Application & Verification](#)
[Calculating Awards & Packaging](#)
[Origination & Disbursement](#)
[Campus-Based Processing](#)
[Return of Title IV Funds](#)
[National Student Loan Data System \(NSLDS\)](#)
[Reconciliation & Closeout](#)
[Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

[Case Management](#)
[Title IV Participation Application](#)
[Maintain Eligibility](#)
[Audit Submission](#)
[Appeals](#)
[School Closures](#)
[Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

[Account Search](#)
[Date Range Search](#)
[Record ID Search](#)

PARTNER PROFILE

[Partner Search](#)

MORE INFO

[About This Site](#)
[Data Center](#)
[Help Center](#)
[Feedback Center](#)
[Important Dates](#)

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Help Center

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U.S. DEPARTMENT OF EDUCATION
Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- 1 **Contact Inquiry**
- 2 Servicer Structure
- 3 Ownership Inquiry
- 4 Location Inquiry
- 5 Client Inquiry
- 6 Subcontractor/Affiliates Inquiry
- 7 Withdrawal Inquiry
- 8 Upload Documents
- 9 Submit TPS Inquiry Form
- 10 Certification

Add New Eligibility and Oversight Administrator

1. Who is the Eligibility and Oversight Administrator for this company/organization? [?](#)

Personal Information
Provide your full legal name

Prefix - optional

First Name [?](#)

Middle Name [?](#)

Last Name

Suffix - optional

Job Title

Address Information

Country

Business Street Address 1

Business Street Address 2 - optional

City

State/Territory or Foreign Province

Zip Code +4 - optional
 -

Postal Code

Contact Information

Email Address

Telephone Number Ext. - optional

Fax Number Ext. - optional

International Telephone Number [?](#) Ext. - optional

International Fax Number Ext. - optional

Date Information

Effective Date - optional [?](#)

End Date - optional [?](#)

[Previous](#)
[Save Draft](#)
[Add Contact](#)

KNOWLEDGE CENTER Knowledge Center Home F&O Manual Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Disbursement Awards & Payments Disbursement & Business Unit Campus Financial Performance Business of State Funds National Student Loan Data System (NSLDS) Recruitment & Oversight Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Institution Eligibility Audit Submission Appeals School Oversight Reports	STUDENT PRSNTL BORROWER ACCOUNTS Account Search Data Range Search Interest Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
--	---	---	---	---

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry** ^
- E&O Administrator
- Alternate E&O Administrator**
- Individual Completing Form
- Highest Ranking Officer
- Primary Contact
- Secondary Contact
- Servicer Structure
- Ownership Inquiry ▾
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- Withdrawal Inquiry
- Upload Documents
- Submit TPS Inquiry Form
- Certification

Eligibility and Oversight Administrator - Alternate

Identify your alternate Eligibility and Oversight Administrator.

Select + **Add New** to add a new Alternate Eligibility and Oversight Administrator at your institution. To edit information about an Alternate Eligibility and Oversight Administrator select the Edit Icon.

[+ Add New](#)

Alternate E&O Administrator Name	Role	Job Title	Role Effective Date	Role End Date	Edit
Mr. Alexander J. Hamilton Jr.	Chief Executive Officer	President	08/31/2020		
Details					
CONTACT INFORMATION			BUSINESS STREET ADDRESS		
Email: alexander.hamilton1755@americanrevolution.edu			123 College Street		
Telephone Number: (123) 555-1234			Suite 502		
Fax Number: (123) 555-1234			Address 3		
			Evanston, IL 60201-0004		
			United States of America		
Mr. Alexander J. Hamilton Jr.	Chief Financial Officer	CFO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Financial Aid Director	COO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Information Officer	CIO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Operation Officer	Other Executive	08/31/2020	08/31/2021	

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Help Center

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KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- 1 Contact Inquiry
 - E&O Administrator
 - Alternate F&O Administrator
 - Individual Completing Form
 - Highest Ranking Officer
 - Primary Contact
 - Secondary Contact
- 2 Servicer Structure
- 3 Ownership Inquiry
- 4 Location Inquiry
- 5 Client Inquiry
- 6 Subcontract/Affiliate Inquiry
- 7 Withdrawal Inquiry
- 8 Upload Documents
- 9 Submit TPS Inquiry Form
- 10 Certification

Add New Eligibility and Oversight Administrator - Alternate

2. Who is the Alternate Eligibility and Oversight Administrator for your organization?

Personal Information
Provide your alternate contact name:

Prefix - optional

First Name

Middle Name

Last Name

Suffix - optional

Job Title

Address Information

Country

Business Street Address 1

Business Street Address 2 - optional

City

State/Territory or Foreign Province

Zip Code *4 - optional
 -

Postal Code

Contact Information

Email Address

Telephone Number Ext. - optional

Fax Number Ext. - optional

International Telephone Number Ext. - optional

International Fax Number Ext. - optional

Date Information

Effective Date optional

End Date optional

KNOWLEDGE CENTER	FINANCIAL AID DELIVERY	TITLE IV PROGRAM ELIGIBILITY	STUDENT/PARENT BORROWER ACCOUNTS	MORE INFO
Knowledge Center Home FSA Handbook Knowledge Center FAQ	Applications & Verification Outstanding Services & Packages Disbursement & Disbursement Compass-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Revised Action & Escrowed Federal Program & Management	Data Management Title IV Fund Disbursement Application Maintain Eligibility Add/Correction Reports Student/Classroom Reports	Account Search Data Range Search Internal ID Search	About This Site Data Center Help Center Feedback Center Important Dates
TRAINING			PARTNER PROFILE	
Training Resources FSA Training Conference Financial Aid Toolkit			Partner Search	

[Home](#) | [Privacy](#) | [Security](#) | [Network](#) | [Accessibility](#) | [Language](#) | [Help](#)

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry** ^
- E&O Administrator
- Alternate E&O Administrator
- Individual Completing Form
- Highest Ranking Officer
- Primary Contact
- Secondary Contact
- 5** Servicer Structure
- 6** Ownership Inquiry ▾
- 7** Location Inquiry
- 8** Client Inquiry
- 9** Subcontracts/Affiliates Inquiry
- 10** Withdrawal Inquiry
- 11** Upload Documents
- 12** Submit TPS Inquiry Form
- 13** Certification

Individual Completing Form

Identify the individual completing this form.

Select + **Add New** to add a new individual at your institution. To edit information about an individual select the Edit Icon.

[+ Add New](#)

Individual Name	Role	Job Title	Role Effective Date	Role End Date	
Mr. Alexander J. Hamilton Jr.	Chief Executive Officer	President	08/31/2020		
Details					
CONTACT INFORMATION		BUSINESS STREET ADDRESS	HOME STREET ADDRESS		
Email: alexander.hamilton1755@americanrevolution.edu		123 College Street	123 College Street		
Personal Email:		Suite 502	Suite 502		
Telephone Number: (123) 555-1234		Address 3	Address 3		
Personal Telephone Number:		Evanston, IL 60201-0004	Evanston, IL 60201-0004		
Fax Number: (123) 555-1234		United States of America	United States of America		
Mr. Alexander J. Hamilton Jr.	Chief Financial Officer	CFO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Financial Aid Director	COO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Information Officer	CIO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Operation Officer	Other Executive	08/31/2020	08/31/2021	

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- 4 Contact Inquiry
 - E&O Administrator
 - Alternate E&O Administrator
 - Individual Completing Form
 - Highest Banking Officer
 - Primary Contact
 - Secondary Contact
- 5 Servicer Structure
- 6 Ownership Inquiry
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Individual Completing Form

3. Who is completing this form?

Check here if this person is the same as one of the individuals entered in a previous question or a previous inquiry. Select the person from the list provided. If this is a new person, please provide the information requested below.

Select Individual

Personal Information
Provide your full legal name

Prefix - optional

First Name ID

Middle Name ID

Last Name

Suffix - optional

Job Title

Address Information

Country

Business Street Address 1

Business Street Address 2 - optional

City

State/Territory or Foreign Province

Zip Code +4 - optional
 -

Postal Code

Contact Information

Email Address

Telephone Number Ext. - optional

Fax Number Ext. - optional

International Telephone Number ID Ext. - optional

International Fax Number Ext. - optional

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

Knowledge Center Home
 FSA Hotlines
 Knowledge Center FAQ

TRAINING

Training Resources
 FSA Training Conference
 Home of All Things

FINANCIAL AID DELIVERY

Applications & Verification
 Calculating Awards & Packaging
 Original on & Basis Award
 Campus Based Processing
 Federal Title IV Funds
 National Student Loan Data System (NSLDS)
 Recertification & Dropout
 Satisfactory Academic Progress

TITLE IV PROGRAM ELIGIBILITY

Cost Management
 Title IV Participation Application
 Maximum Eligible Hours Determination
 Appeals
 School Closure
 Rescinds

STUDENT PARENT BORROWER ACCOUNTS

Account Search
 Bank Transfer Search
 Record ID Search

PARTNER PROFILE

Partner Search

MORE INFO

About This Site
 Data Center
 Help Center
 Feedback Center
 Privacy Policy

[Home](#) | [Privacy](#) | [Security](#) | [Terms](#) | [Accessibility](#) | [Feedback](#) | [Help](#)

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- 4 Contact Inquiry ▾
 - ✔ E&O Administrator
 - ✔ Alternate E&O Administrator
 - Individual Completing Form
 - Highest Ranking Officer
 - Primary Contact
 - Secondary Contact
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Individual Completing Form

Provide the following information.

Address Information

Country

Home Street Address 1

Home Street Address 2 *-optional*

City

State/Territory or Foreign Province

Zip Code *+4 -optional*
 -

Contact Information

Personal Email Address

Personal Telephone Number *Ext. -optional*

Fax Number *Ext. -optional*

Date Information

Effective Date *-optional* LU

End Date *-optional* LU

KNOWLEDGE CENTER

[Knowledge Center Home](#)
[FSA Handbook](#)
[Knowledge Center FAQ](#)

TRAINING

[Training Resources](#)
[FSA Training Conference](#)
[Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

[Application & Verification](#)
[Calculating Awards & Packaging](#)
[Origination & Disbursement](#)
[Campus-Based Processing](#)
[Return of Title IV Funds](#)
[National Student Loan Data System \(NSLDS\)](#)
[Reconciliation & Closeout](#)
[Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

[Case Management](#)
[Title IV Participation Application](#)
[Maintain Eligibility](#)
[Audit Submissions](#)
[Appeals](#)
[School Closures](#)
[Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

[Account Search](#)
[Date Range Search](#)
[Record ID Search](#)

PARTNER PROFILE

[Partner Search](#)

MORE INFO

[About This Site](#)
[Data Center](#)
[Help Center](#)
[Feedback Center](#)
[Important Dates](#)

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry** ^
- E&O Administrator
- Alternate E&O Administrator
- Individual Completing Form
- Highest Ranking Officer**
- Primary Contact
- Secondary Contact
- 5** Servicer Structure
- 6** Ownership Inquiry ▾
- 7** Location Inquiry
- 8** Client Inquiry
- 9** Subcontracts/Affiliates Inquiry
- 10** Withdrawal Inquiry
- 11** Upload Documents
- 12** Submit TPS Inquiry Form
- 13** Certification

Highest Ranking Officer

Identify your Highest Ranking Officer.

Select + **Add New** to add a new Highest Ranking Officer at your institution. To edit information about a Highest Ranking Officer select the Edit Icon.

[+ Add New](#)

Highest Ranking Officer Name	Role	Job Title	Role Effective Date	Role End Date																									
▾ Mr. Alexander J. Hamilton Jr.	Chief Executive Officer	President	08/31/2020																										
Details																													
CONTACT INFORMATION		BUSINESS STREET ADDRESS	HOME STREET ADDRESS																										
Email: alexander.hamilton1755@americanrevolution.edu		123 College Street	123 College Street																										
Personal Email:		Suite 502	Suite 502																										
Telephone Number: (123) 555-1234		Address 3	Address 3																										
Personal Telephone Number:		Evanston, IL 60201-0004	Evanston, IL 60201-0004																										
Fax Number: (123) 555-1234		United States of America	United States of America																										
<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 25%;">▸ Mr. Alexander J. Hamilton Jr.</td> <td style="width: 15%;">Chief Financial Officer</td> <td style="width: 15%;">CFO</td> <td style="width: 15%;">08/31/2020</td> <td style="width: 15%;">08/31/2021</td> <td style="width: 10%; text-align: right;"></td> </tr> <tr> <td>▸ Mr. Alexander J. Hamilton Jr.</td> <td>Financial Aid Director</td> <td>COO</td> <td>08/31/2020</td> <td>08/31/2021</td> <td style="text-align: right;"></td> </tr> <tr> <td>▸ Mr. Alexander J. Hamilton Jr.</td> <td>Chief Information Officer</td> <td>CIO</td> <td>08/31/2020</td> <td>08/31/2021</td> <td style="text-align: right;"></td> </tr> <tr> <td>▸ Mr. Alexander J. Hamilton Jr.</td> <td>Chief Operation Officer</td> <td>Other Executive</td> <td>08/31/2020</td> <td>08/31/2021</td> <td style="text-align: right;"></td> </tr> </tbody> </table>						▸ Mr. Alexander J. Hamilton Jr.	Chief Financial Officer	CFO	08/31/2020	08/31/2021		▸ Mr. Alexander J. Hamilton Jr.	Financial Aid Director	COO	08/31/2020	08/31/2021		▸ Mr. Alexander J. Hamilton Jr.	Chief Information Officer	CIO	08/31/2020	08/31/2021		▸ Mr. Alexander J. Hamilton Jr.	Chief Operation Officer	Other Executive	08/31/2020	08/31/2021	
▸ Mr. Alexander J. Hamilton Jr.	Chief Financial Officer	CFO	08/31/2020	08/31/2021																									
▸ Mr. Alexander J. Hamilton Jr.	Financial Aid Director	COO	08/31/2020	08/31/2021																									
▸ Mr. Alexander J. Hamilton Jr.	Chief Information Officer	CIO	08/31/2020	08/31/2021																									
▸ Mr. Alexander J. Hamilton Jr.	Chief Operation Officer	Other Executive	08/31/2020	08/31/2021																									

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- 4 Contact Inquiry
 - ✔ E&O Administrator
 - ✔ Alternate E&O Administrator
 - ✔ Individual Completing Form
 - 4 Highest Ranking Officer
 - Primary Contact
 - Secondary Contact
- 5 Servicer Structure
- 6 Ownership Inquiry
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

!

You cannot add a new CEO without first updating the end date for the current CEO. Go to the current CEO's information to edit an end date.

Add New Highest Ranking Officer

4. Who is the Highest Ranking Officer (CEO/COO/President) of this company/organization?

Check here if this person is the same as one of the individuals entered in a previous question or a previous inquiry, select the person from the list provided. If this is a new person, please provide the information requested below.

Select Individual

Select

Personal Information
Provide your full legal name

Prefix -optional

Select Prefix

First Name

Enter Name

Middle Name

Enter Name

Last Name

Enter Name

Suffix -optional

Enter Name

Job Title

Enter Job Title

Email Address

Enter Address

4a. Please provide the business and home address of the Highest Ranking Officer.

Address Information

Country

Select Country

Business Street Address 1

Enter Address

Business Street Address 2 -optional

Enter Address

City

Enter City

State/Territory or Foreign Province

Select

Zip Code +4 -optional

Enter Number

Enter Number

Postal Code

Enter Postal Code

Previous

Next

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Disbursement & Disbursement
- Campus Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Recourse Loan & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Data Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

FSA | Privacy | Accessibility | Help | [FSAHome.gov](#) | [USA.gov](#) | [E&A.gov](#)

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- 4 Contact Inquiry ▴
 - ✔ E&O Administrator
 - ✔ Alternate E&O Administrator
 - ✔ Individual Completing Form
 - Highest Ranking Officer
 - Primary Contact
 - Secondary Contact
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

! You cannot add a new CEO without first updating the end date for the current CEO. Go to the current CEO's information to edit an end date.

Add New Highest Ranking Officer

Provide the following information.

Address Information

Country

Home Street Address 1

Home Street Address 2 -optional

City

State/Territory or Foreign Province

Zip Code +4 -optional
 -

Contact Information

Personal Email Address

Personal Telephone Number Ext. -optional

Fax Number Ext. optional

Date Information

Effective Date -optional

End Date -optional

[Previous](#)
[Save Draft](#)
[Add Contact](#)

KNOWLEDGE CENTER

[Knowledge Center Home](#)
[FSA Handbook](#)
[Knowledge Center FAQ](#)

TRAINING

[Training Resources](#)
[FSA Training Conference](#)
[Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

[Application & Verification](#)
[Calculating Awards & Packaging](#)
[Origination & Disbursement](#)
[Campus-Based Processing](#)
[Return of Title IV Funds](#)
[National Student Loan Data System \(NSLDS\)](#)
[Reconciliation & Closeout](#)
[Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

[Case Management](#)
[Title IV Participation Application](#)
[Maintain Eligibility](#)
[Audit Submission](#)
[Appeals](#)
[School Closures](#)
[Regulus](#)

STUDENT, PARENT, BORROWER ACCOUNTS

[Account Search](#)
[Date Range Search](#)
[Record ID Search](#)

PARTNER PROFILE

[Partner Search](#)

MORE INFO

[About This Site](#)
[Data Center](#)
[Help Center](#)
[Feedback Center](#)
[Important Dates](#)

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AN OFFICE OF THE U.S. DEPARTMENT OF EDUCATION

[Twitter](#) | [Facebook](#) | [YouTube](#) | [FOIA](#) | [Privacy](#) | [Security](#) | [Notices](#) | [Whistleblower.gov](#) | [USA.gov](#) | [Edu.gov](#)

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Help Center

Elizabeth | School User | [Northwestern University](#)

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- 4 **Contact Inquiry**
- ✔ E&O Administrator
- ✔ Alternate E&O Administrator
- ✔ Individual Completing Form
- ✔ Highest Ranking Officer
- Primary Contact
- Secondary Contact
- 5 Servicer Structure
- 6 Ownership Inquiry
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Primary Contact

Identify your primary contact.

Select + **Add New** to add a new primary contact at your institution. To edit information about a primary contact select the **Edit** icon.

[+ Add New](#)

Primary Contact Name	Role	Job Title	Role Effective Date	Role End Date	
Mr. Alexander J. Hamilton Jr.	Chief Executive Officer	President	08/31/2020		

Details

CONTACT INFORMATION	BUSINESS STREET ADDRESS	HOME STREET ADDRESS
Email: alexander.hamilton1755@americanrevolution.edu	123 College Street	123 College Street
Personal Email:	Suite 502	Suite 502
Telephone Number: (123) 555-1234	Address 3	Address 3
Personal Telephone Number:	Evanston, IL 60201-0004	Evanston, IL 60201-0004
Fax Number: (123) 555-1234	United States of America	United States of America

Mr. Alexander J. Hamilton Jr.	Chief Financial Officer	CFO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Financial Aid Director	COO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Information Officer	CIO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Operation Officer	Other Executive	08/31/2020	08/31/2021	

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

FOIA | Privacy | Security | Notices | [WhiteHouse.gov](#) | [USA.gov](#) | [Ed.gov](#)

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Help Center

Elizabeth | School User | [Northwestern University](#)

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- 4 **Contact Inquiry**
- ✔ E&O Administrator
- ✔ Alternate E&O Administrator
- ✔ Individual Completing Form
- ✔ Highest Ranking Officer
- Primary Contact
- Secondary Contact
- 5 Servicer Structure
- 6 Ownership Inquiry
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Primary Contact

4b. Please provide the name and business address of the primary contact of this company/organization.

Check here if this person is the same as one of the individuals entered in a previous question or a previous inquiry, select the person from the list provided. If this is a new person, please provide the information requested below. [\[i\]](#)

Select Individual

Select

Personal Information
Provide your full legal name

Prefix -optional

Select Prefix

First Name [\[i\]](#)

Enter Name

Middle Name [\[i\]](#)

Enter Name

Last Name

Enter Name

Suffix -optional

Enter Name

Job Title

Enter Job Title

Address Information

Country

Select Country

Business Street Address 1

Enter Address

Business Street Address 2 -optional

Enter Address

City

Enter City

State/Territory or Foreign Province

Select

Zip Code +4 -optional

Enter Number

-

Enter Number

Contact Information

Email Address

Enter Email Address

Telephone Number Ext. -optional

USA +1

000-000-0000

Enter

Fax Number Ext. -optional

USA +1

000-000-0000

Enter

Previous

Save Draft

Next

KNOWLEDGE CENTER

[Knowledge Center Home](#)

[FSA Feedback](#)

[Knowledge Center FAQ](#)

TRAINING

[Training Resources](#)

[FSA Training Conference](#)

[Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

[Application & Verification](#)

[Cost of Living Awards & P&H-IFPE](#)

[Origination & Disbursement](#)

[Compete-Based Processing](#)

[Relay of Title IV Funds](#)

[National Student Loan Data System \(NSLDS\)](#)

[Reconciliation & Glossary](#)

[Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

[Case Management](#)

[Title IV Transaction Application](#)

[Master on Eligibility](#)

[Audit Submission](#)

[Appeals](#)

[School Closures](#)

[Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

[Account Search](#)

[Data Range Search](#)

[Record ID Search](#)

PARTNER PROFILE

[Partner Search](#)

MORE INFO

[About This Site](#)

[Data Center](#)

[Help Center](#)

[Feedback Center](#)

[Inquiry Log Roles](#)

FOIA | Privacy | Security | Notices | WhiteHacks.gov | USA.gov | Contact

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Help Center

Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry
- Demographic Inquiry
- Contact Inquiry**
- E&O Administrator
- Alternate E&O Administrator
- Individual Completing Form
- Highest Ranking Officer
- Primary Contact
- Secondary Contact
- 5** Servicer Structure
- 6** Ownership Inquiry
- 7** Location Inquiry
- 8** Client Inquiry
- 9** Subcontracts/Affiliates Inquiry
- 10** Withdrawal Inquiry
- 11** Upload Documents
- 12** Submit TPS Inquiry Form
- 13** Certification

Add New Primary Contact

Provide the following information.

Address Information

Country

Home Street Address 1

Home Street Address 2 *-optional*

City

State/Territory or Foreign Province

Zip Code *+4 -optional*
 -

Contact Information

Personal Email Address

Personal Telephone Number *Ext. -optional*

Fax Number *Ext. -optional*

Date Information

Effective Date *-optional*

End Date *-optional*

KNOWLEDGE CENTER

[Knowledge Center Home](#)
[FSA Handbook](#)
[Knowledge Center FAQ](#)

TRAINING

[Training Resources](#)
[FSA Training Conference](#)
[Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

[Application & Verification](#)
[Calculating Awards & Packaging](#)
[Origination & Disbursement](#)
[Campus-Based Processing](#)
[Return of Title IV Funds](#)
[National Student Loan Data System \(NSLDS\)](#)
[Reconciliation & Closeout](#)
[Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

[Case Management](#)
[Title IV Participation Application](#)
[Maintain Eligibility](#)
[Audit Submission](#)
[Appeals](#)
[School Closures](#)
[Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

[Account Search](#)
[Date Range Search](#)
[Recruited Search](#)

PARTNER PROFILE

[Partner Search](#)

MORE INFO

[About This Site](#)
[Data Center](#)
[Help Center](#)
[Feedback Center](#)
[Important Dates](#)

[Twitter](#) [Facebook](#) [YouTube](#)
FOIA | Privacy | Security | Notices | WhiteHouse.gov | USA.gov | Ed.gov

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Help Center

Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✓ Requirement
- ✓ General Inquiry ▾
- ✓ Demographic Inquiry ▾
- 4 **Contact Inquiry** ^
- ✓ E&O Administrator
- ✓ Alternate E&O Administrator
- ✓ Individual Completing Form
- ✓ Highest Ranking Officer
- ✓ Primary Contact
- Secondary Contact
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Secondary Contact

Identify your secondary contact.

Select + **Add New** to add a new secondary contact at your institution. To edit information about a secondary contact select the **Edit Icon**.

[+ Add New](#)

Secondary Contact Name	Role	Job Title	Role Effective Date	Role End Date	Edit
Mr. Alexander J. Hamilton Jr.	Chief Executive Officer	President	08/31/2020		

Details

CONTACT INFORMATION	BUSINESS STREET ADDRESS	HOME STREET ADDRESS
Email: alexander.hamilton1755@americanrevolution.edu	123 College Street	123 College Street
Personal Email:	Suite 502	Suite 502
Telephone Number: (123) 555-1234	Address 3	Address 3
Personal Telephone Number:	Evanston, IL 60201-0004	Evanston, IL 60201-0004
Fax Number: (123) 555-1234	United States of America	United States of America

Mr. Alexander J. Hamilton Jr.	Chief Financial Officer	CFO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Financial Aid Director	COO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Information Officer	CIO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Operation Officer	Other Executive	08/31/2020	08/31/2021	

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Official website of the United States government. [Go to the homepage](#)
Help Center

Elizabeth School User Northwestern University

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- 4 Contact Inquiry
 - ESO Administrator
 - Alternate E&G Administrator
 - Institution Completing Form
 - Highest Ranking Officer
 - Primary Contact
 - Secondary Contact
- 5 Servicer Structure
- 6 Ownership Inquiry
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Secondary Contact

4c. Please provide the name and home address of the secondary contact of this company/organization.

Check here if the person is the same as one of the individuals entered in a previous question or a previous inquiry. Select the person from the list provided. If this is a new person, please provide the information requested below. [\[i\]](#)

Select Individual

Select

Personal Information
Provide your full legal name

Prefix optional

Select Prefix

First Name [\[i\]](#)

Middle Name [\[i\]](#)

Last Name

Suffix optional

Job Title

Address Information

Country

Select Country

Business Street Address 1

Business Street Address 2 optional

City

State/Territory or Foreign Province

Select

Zip Code +4 optional

Enter Number - Enter Number

Contact Information

Email Address

Telephone Number Ext. optional

USA +1 000-000-0000

Fax Number Ext. optional

USA +1 000-000-0000

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

[Knowledge Center Home](#)
[FAQs/FAQ Book](#)
[Knowledge Center FAQ](#)

TRAINING

[Third-Party Servicer](#)
[ESO Training Conference](#)
[Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

[Application & Submission](#)
[Disbursement Awards & Payments](#)
[Cancellation & Disbursement](#)
[Consumer Search Processing](#)
[Review of Title IV Funds](#)
[Factual Student Aid Data System \(FADS\)](#)
[Revised/Added Classes](#)
[Revised Payment & Management](#)

TITLE IV PROGRAM ELIGIBILITY

[Cost Management](#)
[Track Financial Aid Calculation](#)
[Monitor Eligibility](#)
[Audit Submission](#)
[Appeals](#)
[Return Courses](#)
[Repeats](#)

STUDENT/PARENT BORROWER ACCOUNTS

[Account Search](#)
[Data Range Search](#)
[Record ID Search](#)

PARTNER PROFILE

[Partner Search](#)

MORE INFO

[Know Your Data](#)
[Data Center](#)
[Help Center](#)
[Feedback Center](#)
[Important Dates](#)

[Twitter](#)
[Facebook](#)
[YouTube](#)
[RSS](#)
[Privacy](#)
[Security](#)
[Relax \(15MB\)](#)
[Help](#)
[155 pages](#)
[174 pdf](#)

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- 4 **Contact Inquiry** ▲
 - ✔ E&O Administrator
 - ✔ Alternate E&O Administrator
 - ✔ Individual Completing Form
 - ✔ Highest Ranking Officer
 - ✔ Primary Contact
 - 0 Secondary Contact
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Secondary Contact

Provide the following information.

Address Information

Country

Home Street Address 1

Home Street Address 2 *-optional*

City

State/Territory or Foreign Province

Zip Code +4 -optional
 -

Contact Information

Personal Email Address

Personal Telephone Number Ext. -optional

Fax Number Ext. -optional

Date Information

Effective Date *-optional*

End Date *-optional*

<p>KNOWLEDGE CENTER</p> <ul style="list-style-type: none"> Knowledge Center Home FSA Handbook Knowledge Center FAQ <p>TRAINING</p> <ul style="list-style-type: none"> Training Resources FSA Training Conference Financial Aid Toolkit 	<p>FINANCIAL AID DELIVERY</p> <ul style="list-style-type: none"> Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management 	<p>TITLE IV PROGRAM ELIGIBILITY</p> <ul style="list-style-type: none"> Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports 	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <ul style="list-style-type: none"> Account Search Date Range Search Record ID Search <p>PARTNER PROFILE</p> <ul style="list-style-type: none"> Partner Search 	<p>MORE INFO</p> <ul style="list-style-type: none"> About This Site Data Center Help Center Feedback Center Important Dates
--	---	---	---	---

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Servicer Structure

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KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry
- Demographic Inquiry
- Contact Inquiry
- Servicer Structure**
- Ownership Inquiry
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- Withdrawal Inquiry
- Upload Documents
- Submit TPS Inquiry Form
- Certification

Servicer Structure

1. What is the IRS Designation of this company/organization?
2. Select the ownership type for this company/organization.
3. Identify the country in which this company/organization is incorporated/organized.
- 3a. Identify the state in which this company/organization is incorporated.
4. If you selected Publicly Traded Corporation above, provide the stock exchange trading symbol.
5. Provide the name and business address of the authorized representative within the state or foreign country where this company/organization is incorporated.

Personal Information

Prefix -optional

First Name

Middle Name

Last Name

Suffix -optional

Address Information

Country

Business Street Address 1

Business Street Address 2 -optional

City

State/Territory

Zip Code -+4 02046!
Enter Number - Enter Number

Postal Code

Contact Information

Email Address

Telephone Number Ext. -optional

Fax Number Ext. -optional

International Telephone Number Ext. -optional

International Fax Number Ext. -optional

Upload a copy of the company's organizational chart with employee names and titles.

<p>KNOWLEDGE CENTER</p> <p>Knowledge Center Home FAQs Knowledge Center FAQs</p>	<p>FINANCIAL AID DELIVERY</p> <p>Application to Title IV Loans CARE Loans & Repayment Paying ME Organization & Relationship Current Award Process Return of Title IV Funds Satisfactory Academic Progress (SAP) Return, Interest & Cancellation Borrower Protection & Management</p>	<p>TITLE IV PROGRAM ELIGIBILITY</p> <p>Loan Repayment Title IV Participation Application Interest Eligibility Award Submission APR Special Circumstances Repeats</p>	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <p>Account Search Data Center Data Merge Search Password Search</p> <p>PARTNER PROFILE</p> <p>Partner Search</p>	<p>MORE INFO</p> <p>About This Site Data Center Help Center Feedback Center Privacy Center</p>
--	---	---	--	---

109 | Privacy | Security | Release | Other News | 1/26/2017 10:49 AM

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1845-0130-1001004

Elizabeth School Year | 22 Northeastern University

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry
- Demographic Inquiry
- Contact Inquiry
- Servicer Structure**
- Ownership Inquiry
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- Withdrawal Inquiry
- Upload Documents
- Submit TPS Inquiry Form
- Certification

Servicer Structure

1. What is the IRS Designation of this company/organization?
2. Select the ownership type for this company/organization.
3. Identify the country in which this company/organization is incorporated/organized.
- 3a. Identify the state in which this company/organization is incorporated.
4. If you selected Publicly Traded Corporation above, provide the stock exchange trading symbol:
5. Provide the name and business address of the authorized representative within the state or foreign country where this company/organization is incorporated.

Personal Information

Prefix optional

First Name

Middle Name

Last Name

Suffix optional

Address Information

Country

Business Street Address 1

Business Street Address 2 - optional

City

State/Territory

Zip Code +4 optional
 -

Contact Information

Email Address

Telephone Number Ext. optional

Fax Number Ext. optional

Upload a copy of the company's organizational chart with employee names and titles.

[1] Save Draft

KNOWLEDGE CENTER

Application Center Home
 FSA Handbook
 Knowledge Center FAQ

TRAINING

Training Resources
 FSA Training Resources
 Financial Aid Tools

FINANCIAL AID DELIVERY

Application & Title IV Loans
 Calculating Awards & Packaging
 Enrollment & Disbursement
 Campus-Based Process
 Return of Title IV Funds
 National Student Loan Data System (NSLDS)
 Return, Interest & Closure
 Servicing Procession & Management

TITLE IV PROGRAM ELIGIBILITY

Undergraduate
 Title IV Eligibility Application
 Graduate Eligibility
 Adult Students
 J-1/2 Students
 Service Members
 Return of Title IV Funds

STUDENT, PARENT, BORROWER ACCOUNTS

Account Search
 Data Export Search
 Account Disburse
 Partner Search

MORE INFO

Account Info Site
 Data Center
 Help Center
 Feedback Center
 FREQUENTLY ASKED QUESTIONS

1845-0130-1001004

Twitter Facebook YouTube
FOIA | Privacy | Security | Notices | Other Issues | 25 Apr 2024 | 04:49

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Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- 5** Servicer Structure
- 6** Ownership Inquiry ▾
- 7** Location Inquiry
- 8** Client Inquiry
- 9** Subcontracts/Affiliates Inquiry
- 10** Withdrawal Inquiry
- 11** Upload Documents
- 12** Submit TPS Inquiry Form
- 13** Certification

Add New Related Party Information - Institution of Higher Education or Entity Owned

6. Does this company/organization own an eligible or ineligible institution of higher education or entity that provides postsecondary educational programs?

Yes
 No

[Previous](#) [Save Draft](#) [Next](#)

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✓ Requirement
- ✓ General Inquiry ▾
- ✓ Demographic Inquiry ▾
- ✓ Contact Inquiry ▾
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Related Party Information - Institution of Higher Education or Entity Owned

Provide the OPEID of each institution that is owned.

If the institution cannot be found in the search, provide the name of the institution/entity that is owned.

Institution or Entity Name

Percentage of Ownership

 %

Ownership Effective Date

Ownership End Date

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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[FOIA](#) | [Privacy](#) | [Security](#) | [Notices](#) | [WhiteHouse.gov](#) | [USA.gov](#) | [Ed.gov](#)

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Related Party Information - Institutions of Higher Education/Entities Owned

Select + **Add New** to add an institution of higher education owned. To edit a previously reported institution of higher education owned select the ✎ Edit Icon.

+ Add New

OPEID	Institution Name	% Owned	Effective Date	End Date	✎
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎

Previous
📄 Save Draft
Next

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- 5** Servicer Structure
- 6** Ownership Inquiry ▾
- 7** Location Inquiry
- 8** Client Inquiry
- 9** Subcontracts/Affiliates Inquiry
- 10** Withdrawal Inquiry
- 11** Upload Documents
- 12** Submit TPS Inquiry Form
- 13** Certification

Related Party Information - Third-Party Servicers Owned

7. Does this company/organization own any percentage of another company/organization that administers any aspect of an institution's participation in the Title IV programs?

Yes

No

[Previous](#) Save Draft [Next](#)

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Related Party Information - Third-Party Servicers Owned

Select + **Add New** to add a third-party servicer owned. To edit a previously reported third-party servicer owned select the Edit icon.

[+ Add New](#)

Third -Party Servicer Name	% Owned	Effective Date	End Date	
▾ TPS Inc.	50 %	12/21/20	12/21/20	
Details				
CONTACT INFORMATION		BUSINESS STREET ADDRESS		
Contact: Mr. Alexander J. Hamilton Jr. Job Title: CEO Email: alexander.hamilton1755@americanrevolution.edu Telephone Number: (123) 555-1234 Fax Number: (123) 555-1234		123 College Street Suite 502 Address 3 Evanston, IL 60201-0004 United States of America		
▾ Servicer Corp	50 %	12/21/20	12/21/20	
▾ TPS Company 1	50 %	12/21/20	12/21/20	
▾ Servicer ABC	50 %	12/21/20	12/21/20	

[Previous](#)

 Save Draft
Next

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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FOIA | Privacy | Security | Notices | WhiteHouse.gov | USA.gov | Ed.gov

Knowledge Center
Training
Financial Aid Delivery
Title IV Program Eligibility
Partner Connect Services

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- + Servicer Structure
- + Ownership Inquiry
- + Location Inquiry
- + Client Inquiry
- + Subcontractor/Affiliates Inquiry
- + Withdrawal Inquiry
- + Upload Documents
- + Submit TIPS Inquiry Form
- + Certification

Add New Related Party Information - Third-Party Servicers Owned

Provide the name of the third-party servicer or other company/organization that is owned.

If the third-party servicer or company/organization could not be found, provide the name of the third-party servicer or company/organization that is owned.

Percentage of Ownership

%

Provide the following information for the primary contact at the third-party servicer or company/organization that is owned.

Personal Information

First Name (required)

Middle Name (optional)

Last Name

Suffix (optional)

Job Title

Address Information

Country

Business Street Address 1

Business Street Address 2 (optional)

City

State/Territory or Foreign Province

Zip Code (4 - optional)

-

Postal Code

Contact Information

Email Address

Telephone Number Ext. (optional)

USA +1

Fax Number Ext. (optional)

USA +1

International Telephone Number Ext. (optional)

USA +1

International Fax Number Ext. (optional)

USA +1

Date Information

TIPS Owned Effective Date

TIPS Owned End Date

Add Related Party

KNOWLEDGE CENTER

Knowledge Center Home

SAFETY Center

Knowledge Center FAQ

TRAINING

Training Resources

Help Learning System/Forms

Financial Aid Support

FINANCIAL AID DELIVERY

Application and Aid Letters

Calculating Awards & Packaging

Origination & Disbursement

Former Student Returning

Reinstated Student Return

National Student Loan Data System (NSLDS)

Return to School After Default

Default Prevention & Mitigation

TITLE IV PROGRAM ELIGIBILITY

Case Management

U.S. V. Non-Resident Application

Minimum Eligibility

Academic Eligibility

Appeals

School Closure

Repeat

STUDENT, PARENT, BORROWER ACCOUNTS

Power of Attorney

Direct Bank Account

Records & Scores

MORE INFO

About This Site

Help Center

Feedback Center

Helpdesk/Unidata

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KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirements
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- + Servicer Structure
- + Ownership Inquiry
- + Location Inquiry
- + Client Inquiry
- + Subcontracts/Affiliates Inquiry
- + Withdrawal Inquiry
- + Upload Documents
- + Submit TPS Inquiry Form
- + Certification

Add New Related Party Information - Third-Party Servicers Owned

Provide the name of the third-party servicer or other company/organization that is owned.

If the third-party servicer or company/organization could not be found, provide the name of the third-party servicer or company/organization that is owned.

Percentage of Ownership:

%

Provide the following information for the primary contact at the third-party servicer or company/organization that is owned.

Personal Information

Prefix - optional

First Name

Middle Name

Last Name

Suffix - optional

Job Title

Address Information

Country

Business Street Address 1

Business Street Address 2 - optional

City

State/Territory or Foreign Province

Zip Code +4 - optional

Postal Code

Contact Information

Email Address

Telephone Number Ext. - optional

Fax Number Ext. - optional

International Telephone Number Ext. - optional

International Fax Number Ext. - optional

Date Information

TPS Owned Effective Date

TPS Owned End Date

Cancel
Add Related Party

KNOWLEDGE CENTER

- Knowledge Center Home
- Knowledge Center
- Knowledge Center FAQ

FINANCIAL AID DELIVERY

- Application and Award System
- Loan Origination System
- PERMITS
- Disbursement & Disbursement
- Financial Aid Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Return of Title IV Funds
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Class Management
- Class Withdrawal Application
- International Study
- Academy System
- Academy
- College Clearance
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Request
- Loan Record Search
- Report of Delinquency

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Feedback
- Help Center
- Feedback Center
- Impression Map

Federal Student Aid

[Home](#) | [Help](#) | [Contact Us](#) | [Feedback](#) | [Privacy Policy](#) | [Terms of Use](#)

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- 5 Servicer Structure
- 6 Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

New Related Party Information - Third-Party Servicers Owned

Select + **Add New** to add a third-party servicer owned. To edit a previously reported third-party servicer owned select the Edit Icon.

[+ Add New](#)

Third -Party Servicer Name	% Owned	Effective Date	End Date	
TPS Inc.	50 %	12/21/20	12/21/20	

Details

<p>CONTACT INFORMATION</p> <p>Contact: Mr. Alexander J. Hamilton Jr. Job Title: CEO Email: alexander.hamilton1755@americanrevolution.edu Telephone Number: (123) 555-1234 Fax Number: (123) 555-1234</p>	<p>BUSINESS STREET ADDRESS</p> <p>123 College Street Suite 502 Address 3 Evanston, IL 60201-0004 United States of America</p>
---	--

Service Corp	50 %	12/21/20	12/21/20	
TPS Company 1	50 %	12/21/20	12/21/20	
Service ABC	50 %	12/21/20	12/21/20	

[Previous](#)
[Save Draft](#)
[Next](#)

<p>KNOWLEDGE CENTER</p> <ul style="list-style-type: none"> Knowledge Center Home FSA Handbook Knowledge Center FAQ <p>TRAINING</p> <ul style="list-style-type: none"> Training Resources FSA Training Conference Financial Aid Toolkit 	<p>FINANCIAL AID DELIVERY</p> <ul style="list-style-type: none"> Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management 	<p>TITLE IV PROGRAM ELIGIBILITY</p> <ul style="list-style-type: none"> Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports 	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <ul style="list-style-type: none"> Account Search Date Range Search Record ID Search <p>PARTNER PROFILE</p> <ul style="list-style-type: none"> Partner Search 	<p>MORE INFO</p> <ul style="list-style-type: none"> About This Site Data Center Help Center Feedback Center Important Dates
--	---	---	---	---

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Ownership Inquiry

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- 6 Ownership Inquiry ▾
 - Ownership
 - Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Ownership Inquiry

Provide information for each entity or individual that owns an interest in this company/organization regardless of percentage.

Select + Add New to add owner. To edit a previously reported owner select the Edit icon.

[+ Add New](#)

Owner Name	Owner Type	Person vs. Entity	% Owned	Effective Date	End Date
+ Owner Name	Proprietorship	Entity	10%	01/01/2021	
+ Owner Name	Limited Liability Limited Partnership	Entity	50%	01/01/2021	
+ Owner Name	Limited Liability Limited Partnership	Entity	30%	01/01/2021	

[Previous](#)
 Save Draft
[Next](#)

KNOWLEDGE CENTER

[Knowledge Center Home](#)

[FSA Handbook](#)

[Knowledge Center FAQ](#)

TRAINING

[Training Resources](#)

[FSA Training Conference](#)

[Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

[Application & Verification](#)

[Calculating Awards & Packaging](#)

[Origination & Disbursement](#)

[Campus-Based Processing](#)

[Return of Title IV Funds](#)

[National Student Loan Data System \(NSLDS\)](#)

[Reconciliation & Closeout](#)

[Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

[Case Management](#)

[Title IV Participation Application](#)

[Maintain Eligibility](#)

[Audit Submission](#)

[Appeals](#)

[School Closures](#)

[Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

[Account Search](#)

[Date Range Search](#)

[Record ID Search](#)

PARTNER PROFILE

[Partner Search](#)

MORE INFO

[About This Site](#)

[Data Center](#)

[Help Center](#)

[Feedback Center](#)

[Important Dates](#)

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- 6** **Ownership Inquiry** ▾
 - Ownership
 - Related Party Information
- 7** Location Inquiry
- 8** Client Inquiry
- 9** Subcontracts/Affiliates Inquiry
- 10** Withdrawal Inquiry
- 11** Upload Documents
- 12** Submit TPS Inquiry Form
- 13** Certification

Ownership Type

1. Are you entering a person owner or an entity owner?

Select ▾

Cancel Next

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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[FOIA](#) | [Privacy](#) | [Security](#) | [Notices](#) | [WhiteHouse.gov](#) | [USA.gov](#) | [Ed.gov](#)

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- 6** **Ownership Inquiry** ▾
 - Ownership
 - Related Party Information
- 7** Location Inquiry
- 8** Client Inquiry
- 9** Subcontracts/Affiliates Inquiry
- 10** Withdrawal Inquiry
- 11** Upload Documents
- 12** Submit TPS Inquiry Form
- 13** Certification

Ownership Type

1. Are you entering a person owner or an entity owner?

Entity ▾

Cancel Next

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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[FOIA](#) | [Privacy](#) | [Security](#) | [Notices](#) | [WhiteHouse.gov](#) | [USA.gov](#) | [Ed.gov](#)

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Help Center

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Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- Ownership Inquiry** ▴
 - Ownership
 - Related Party Information
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- Withdrawal Inquiry
- Upload Documents
- Submit TPS Inquiry Form
- Certification

Add New - Entity Owner

Ownership Information **1**
Authorized Representative **2**
Organizational Chart **3**
Related Party Information **4**

2. Identify the IRS Designation of this entity owner:

Select Designation ▾

3. Select the ownership type for this company/organization from the choices below (select only one).

Select Type ▾

4. Identify the country in which this company/organization is incorporated/organized.

Select Country ▾

5. Identify the state in which this company/organization is incorporated:

Select State ▾

6. If the ownership type for this owner is Publicly Traded Corporation, provide the stock exchange trading symbol:

Enter Symbol

7. Provide the Legal Name of the entity/company.

Enter Legal Name

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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FOIA | [Privacy](#) | [Security](#) | [Notices](#) | [WhiteHouse.gov](#) | [USA.gov](#) | [Ed.gov](#)

Elizabeth School User | Northwestern University

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- 1 Ownership Inquiry
 - Ownership
 - Kin based Party Information
- 2 Location Inquiry
- 3 Client Inquiry
- 4 Subcontracts/Affiliates Inquiry
- 5 Withdrawal Inquiry
- 6 Upload Documents
- 7 Submit TFS Inquiry Form
- 8 Certification

Add New - Entity Owner

Ownership Information ✔
Authorized Representative 1
Organizational Chart 2
Related Party Information 3

6. Provide the following information for the contact person (sometimes known as the "registered agent" or "authorized representative") within the state where this entity is incorporated.

If this person is the same as one of the individuals entered in a previous question or previous inquiry, select the person from the list provided. If this is a new person, please provide the information requested below.

Personal Information

Prefix - optional

First Name

Middle Name

Last Name

Suffix - optional

Job Title

Address Information

Country

Business Street Address 1

Business Street Address 2 - optional

City

State/Territory or Foreign Province

Zip Code +4 optional

Postal Code

Contact Information

Email Address

Telephone Number Ext. - optional

Fax Number Ext. - optional

International Telephone Number Ext. - optional

International Fax Number Ext. - optional

Cancel
Next

KNOWLEDGE CENTER

Knowledge Center Forms
 FSA Helpline
 Knowledge Center FAQs

TRAINING

Training Resources
 FSA Training Services
 Financial Aid Toolkit

FINANCIAL AID DELIVERY

Application & Verification
 Counseling Awards & Packaging
 Organization & Disbursement
 Campus-Based Processing
 Return of Title IV Funds
 Federal Student Loan Data System (FSLDS)
 Recipients & Disburse
 Disburse, Processing & Management

TITLE IV PROGRAM ELIGIBILITY

Case Management
 Title IV Participation Application
 Manual Eligibility
 Audit Submission
 Appeals
 School Closure
 Reports

STUDENT, PARENT, BORROWER ACCOUNTS

Account Search
 Date Range Search
 Recent ID Search

PARTNER PROFILE

Partner Search

MORE INFO

About This Site
 Contact Us
 Help Center
 Feedback Center
 Inquiries & Data

[Home](#) | [Privacy](#) | [Security](#) | [Sitemap](#) | [Feedback](#) | [Help](#)

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✓ Requirement
- ✓ General Inquiry ▾
- ✓ Demographic Inquiry ▾
- ✓ Contact Inquiry ▾
- ✓ Servicer Structure
- 6 Ownership Inquiry** ^
 - Ownership
 - Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New - Entity Owner

Ownership Information Authorized Representative **Organizational Chart** Related Party Information

Please provide a copy of the company's organizational chart with employee names and titles.

[Upload Files](#)

Additional Information:

Enter comments here

[Cancel](#) [Next](#)

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

Federal Student Aid
An Office of the U.S. Department of Education

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- 6 ● Ownership Inquiry ▾
 - ✔ Ownership
 - Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Related Party Information - Institution of Higher Education or Entity Owned

Ownership Information ✔
Authorized Representative ✔
Organizational Chart ✔
4 ● Related Party Information

8. Does this owner own an eligible or ineligible institution of higher education or entity that provides postsecondary educational programs?

Yes

No

Provide information for each institution that is owned.

Select + **Add New** to add an institution owned. To edit a previously reported an institution owned select the Edit Icon.

+ Add New

OPEID	Institution Name	% Owned	Effective Date	End Date	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	

Previous

 Save Draft
Next

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Federal Student Aid U.S. DEPARTMENT OF EDUCATION Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✓ Requirement
- ✓ General Inquiry ▾
- ✓ Demographic Inquiry ▾
- ✓ Contact Inquiry ▾
- ✓ Servicer Structure
- 6 Ownership Inquiry** ▴
 - ✓ Ownership
 - Related Party Information**
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Related Party Information - Institution of Higher Education or Entity Owned

Ownership Information Authorized Representative Organizational Chart **Related Party Information** 4

Provide the name of the institution that is or was owned

If Institution was not found, enter institution name here

OPEID of Institution Provided

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

Federal Student Aid U.S. DEPARTMENT OF EDUCATION

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Help Center

Elizabeth | School User | [Northwestern University](#)

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- 6 **Ownership Inquiry**
- ✔ Ownership
- Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Related Party Information - Institution of Higher Education or Entity Owned

Ownership Information ✔
Authorized Representative ✔
Organizational Chart ✔
4

8. Does this owner own an eligible or ineligible institution of higher education or entity that provides postsecondary educational programs?

Yes

No

Provide information for each institution that is owned.

Select + **Add New** to add an institution owned. To edit a previously reported an institution owned select the [Edit Icon](#).

[+ Add New](#)

OPEID	Institution Name	% Owned	Effective Date	End Date	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎

[Previous](#)
[Save Draft](#)
Next

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Help Center

Elizabeth | School User |

KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- 6 **Ownership Inquiry** ▾
 - ✔ Ownership
 - Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Related Party Information - Third-Party Servicer Owned

Ownership Information ✔
Authorized Representative ✔
Organizational Chart ✔
4 **Related Party Information**

1. Does this owner own any percentage of another company/organization that administers any aspect of an institution's participation in the Title IV programs?

Yes

No

Provide information for each third-party servicer that is owned.

Select + **Add New** to add a third-party servicer owned. To edit a previously reported an third-party servicer owned select the **Edit** icon.

+ Add New

Third-Party Servicer Name	% Owned	Effective Date	End Date	✎
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	✎

Previous
Save Draft
Next

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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FOIA | Privacy | Security | Notices | Whitehouse.gov | USA.gov | Ed.gov

Federal Student Aid

[Home](#) | [School User](#) | [Northwestern University](#)

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Recruitment
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Service Structure
- Ownership Inquiry
 - ✔ Ownership
 - Add New Related Party Information
- ✔ Location Inquiry
- ✔ Client Inquiry
- ✔ Subcontracts/Affiliates Inquiry
- ✔ Withdrawal Inquiry
- ✔ Upload Documents
- ✔ Submit TPS Inquiry Form
- ✔ Certification

Add New Related Party Information - Third-Party Servicer Owned

Ownership Information ✔
Authorized Representative ✔
Organizational Chart ✔
➤ Related Party Information

Provide the name of the third-party servicer or other company/organization that is owned.

If the third party servicer or company/organization could not be found, provide the name of the third party servicer or company/organization that is owned.

Percentage of Ownership

%

Provide the following information for the primary contact for the third-party servicer that is owned

Personal Information

Prefix optional

First Name required

Middle Name optional

Last Name

Suffix optional

Job Title

Address Information

Country

Business Street Address 1

Business Street Address 2 optional

City

State/Territory or Foreign Province

Zip Code +1 optional

Postal Code

Contact Information

Email Address

Telephone Number required Ext. optional

Fax Number optional Ext. optional

International: Iccophone Number optional Ext. optional

International: Fax Number optional Ext. optional

Date Information

TPS Owned Effective Date

TPS Owned End Date

Cancel
Add Related Party

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [PSA HelpDesk](#)
- [Knowledge Center Help](#)

TRAINING

- [Training Resources](#)
- [PSA Training Conferences](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Apply to School](#)
- [Disbursing Awards & Packaging](#)
- [Disbursement & Returnment](#)
- [Simplify Your Process](#)

ACADEMIC ADVISORY CENTER (AAC)

- [Return to School](#)
- [Satisfactory Academic Progress](#)
- [Satisfactory Academic Progress](#)

TITLE IV PROGRAM ELIGIBILITY

- [Course Management](#)
- [Title IV Participation Application](#)
- [New or Reinstatement](#)
- [Satisfactory Academic Progress](#)
- [Satisfactory Academic Progress](#)
- [Satisfactory Academic Progress](#)

STUDENT PARENT BORROWER ACCOUNTS

- [ACCESS REPORT](#)
- [Data Usage Reports](#)
- [Parent ID Search](#)

PARTNER PROFILE

- [Update Partner](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback](#)
- [Intranet Direct](#)

Federal Student Aid

[Home](#) | [PSA](#) | [Help](#) | [Search](#) | [Related Applications](#) | [Web](#) | [Open](#)

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- 6 **Ownership Inquiry** ▾
 - ✔ Ownership
 - **Related Party Information**
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Related Party Information - Third-Party Servicer Owned

Ownership Information ✔
Authorized Representative ✔
Organizational Chart ✔
Related Party Information 4

1. Does this owner own any percentage of another company/organization that administers any aspect of an institution's participation in the Title IV programs?

Yes

No

Provide information for each third-party servicer that is owned.

Select + **Add New** to add a third-party servicer owned. To edit a previously reported an third-party servicer owned select the Edit Icon.

[+ Add New](#)

Third-Party Servicer Name	% Owned	Effective Date	End Date	
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	

[Previous](#)
[Cancel](#)
[Save Draft](#)
Add Entity Owner

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- 6** **Ownership Inquiry** ▾
 - Ownership
 - Related Party Information
- 7** Location Inquiry
- 8** Client Inquiry
- 9** Subcontracts/Affiliates Inquiry
- 10** Withdrawal Inquiry
- 11** Upload Documents
- 12** Submit TPS Inquiry Form
- 13** Certification

Ownership Inquiry

Provide information for each entity or individual that owns an interest in this company/organization regardless of percentage.

Select + Add New to add owner. To edit a previously reported owner select the Edit Icon.

[+ Add New](#)

- Owner Name	Owner Type	Person vs. Entity	% Owned	Effective Date	End Date	
+ Owner Name	Proprietorship	Person	10%	01/01/2021		
+ Owner Name	Limited Liability Limited Partnership	Person	50%	01/01/2021		
+ Owner Name	Limited Liability Limited Partnership	Person	30%	01/01/2021		

[Previous](#)
[Save Draft](#) [Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Elizabeth | School User |

KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- 6 Ownership Inquiry** ▴
 - Ownership
 - Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Ownership Type

1. Are you entering a person owner or an entity owner?

Person ▾

Cancel Next

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

Federal Student Aid
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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ TITLE IV PROGRAM ELIGIBILITY ▾ PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- 6 Ownership Inquiry** ^
 - Ownership
 - Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New - Person Owner

Ownership Information Person Owner Information Related Party Information

1 2 3

2. Select the ownership type for this company/organization from the choices below (select only one).

Select Type ▾

3. Percentage of Ownership

Enter Percentage %

4. Ownership Effective Date

MM/DD/YYYY

5. Ownership End Date

MM/DD/YYYY

KNOWLEDGE CENTER

- Knowledge Center | Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Tool-kit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

Federal Student Aid AN OFFICE OF THE U.S. DEPARTMENT OF EDUCATION

[FOIA](#) | [Privacy](#) | [Security](#) | [Notices](#) | [WhiteHouse.gov](#) | [USA.gov](#) | [Ed.gov](#)

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Help Center

Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- 1 Ownership Inquiry
 - Ownership
 - Related Party/Co-owner
- 2 Location Inquiry
- 3 Client Inquiry
- 4 Subcontractor/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New - Person Owner

Ownership Information ✔
Person Owner Information 2
Related Party Information 3

6 Provide the following information for this person owner.

If this person is the same as one of the individuals entered in a previous question or previous inquiry, select it as a person from the list provided. If this is a new person, please provide the information requested below.

Personal Information
Provide your full legal name

Prefix -optional

First Name 🔗

Middle Name 🔗

Last Name

Suffix -optional

Job Title

Address Information

Country

Business Street Address 1

Business Street Address 2 -optional

City

State/Territory or Foreign Province

Zip Code +4 -optional
 -

Postal Code

Contact Information

Email Address

Telephone Number 🔗 Ext. -optional
USA +1 | C00-000-0000 |

Fax Number 🔗 Ext. -optional
USA +1 | C00-000-0000 |

International Telephone Number 🔗 Ext. -optional
USA +1 | C00-000-0000 |

International Fax Number 🔗 Ext. -optional
USA +1 | C00-000-0000 |

Cancel
Next

KNOWLEDGE CENTER

Knowledge Center Home
FSA Handbook
Knowledge Center FAQ

TRAINING

Training Resources
FSA Training Course
Financial Aid Toolkit

FINANCIAL AID DELIVERY

Application & Verification
Calculating Awards & Packaging
Origination & Disbursement
Disbursement Processing
Return of Title IV Funds
New or Student Loan Data System (SLED)

Recidivism & Disenrollment
Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

Care Management
Title IV Participation Application
Ministry Eligibility
Audit Business
Appeals
School Closure Reports

STUDENT/PARENT BORROWER ACCOUNTS

Account Search
Date Range Search
Interest ID Search

PARTNER PROFILE

Partner Search

MORE INFO

About This Site
Data Center
Help Center
Feedback Center
Important Dates

[FSA | FSA Handbook | 2019-20 | FERPA | What's New | FSA | FSA Handbook | FSA Handbook](#)

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Help Center

Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- 6 Ownership Inquiry ▾
 - Ownership
 - Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New - Person Owner

Ownership Information ✔
Person Owner Information 2
Related Party Information 3

Provide the following information.

Address Information

Country

Home Street Address 1

Home Street Address 2 *optional*

City

State/Territory or Foreign Province

Postal Code

Contact Information

Personal Email Address

Personal Telephone Number

Home Telephone Number

[Previous](#)
[Save Draft](#)
Add Contact

KNOWLEDGE CENTER

[Knowledge Center Home](#)
[FSA Handbook](#)
[Knowledge Center FAQ](#)

TRAINING

[Training Resources](#)
[FSA Training Conference](#)
[Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

[Application & Verification](#)
[Calculating Awards & Packaging](#)
[Origination & Disbursement](#)
[Campus-Based Processing](#)
[Return of Title IV Funds](#)
[National Student Loan Data System \(NSLDS\)](#)
[Reconciliation & Closeout](#)
[Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

[Case Management](#)
[Title IV Participation Application](#)
[Maintain Eligibility](#)
[Audit Submission](#)
[Appeals](#)
[School Closures](#)
[Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

[Account Search](#)
[Date Range Search](#)
[Record ID Search](#)

PARTNER PROFILE

[Partner Search](#)

MORE INFO

[About This Site](#)
[Data Center](#)
[Help Center](#)
[Feedback Center](#)
[Important Dates](#)

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[Twitter](#) | [Facebook](#) | [YouTube](#) | [FOIA](#) | [Privacy](#) | [Security](#) | [Notices](#) | [WhiteHouse.gov](#) | [USA.gov](#) | [Ed.gov](#)

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Help Center

Elizabeth | School User | [Northwestern University](#)

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- 6 **Ownership Inquiry**
- Ownership
- Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Related Party Information - Institution of Higher Education or Entity Owned

Ownership Information ✔
Person Owner Information ✔
3

3. Does this owner own an eligible or ineligible institution of higher education or entity that provides postsecondary educational programs?

Yes

No

Provide information for each institution that is owned.

Select + **Add New** to add an institution owned. To edit a previously reported an institution owned select the **Edit Icon**.

[+ Add New](#)

OPEID	Institution Name	% Owned	Effective Date	End Date	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	

[Previous](#)
[Save Draft](#)
Add Person Owner

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✓ Requirement
- ✓ General Inquiry ▾
- ✓ Demographic Inquiry ▾
- ✓ Contact Inquiry ▾
- ✓ Servicer Structure
- 6 Ownership Inquiry** ▾
 - ✓ Ownership
 - Related Party Information**
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Related Party Information - Institution of Higher Education or Entity Owned

Ownership Information Person Owner Information **Related Party Information** 3

Provide the name of the institution that is or was owned

If Institution was not found, enter institution name here

OPEID of Institution Provided

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

Federal Student Aid
U.S. OFFICE OF FEDERAL STUDENT AID

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Help Center

Elizabeth | School User | [Northwestern University](#)

KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- 6 Ownership Inquiry ▲
 - ✔ Ownership
 - Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Related Party Information - Institution of Higher Education or Entity Owned

Ownership Information ✔
Person Owner Information ✔
3

Percentage of Ownership

 %

Institution Owned Effective Date

Institution Owned End Date

Cancel
Add Related Party

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- 6 Ownership Inquiry ▾
 - Ownership
 - Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Related Party Information - Institution of Higher Education or Entity Owned

Ownership Information ✔
Person Owner Information ✔
3

3. Does this owner own an eligible or ineligible institution of higher education or entity that provides postsecondary educational programs?

Yes

No

Provide information for each institution that is owned.

Select + **Add New** to add an institution owned. To edit a previously reported an institution owned select the Edit Icon.

[+ Add New](#)

OPEID	Institution Name	% Owned	Effective Date	End Date	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
11111111	Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	

[Previous](#)
 Save Draft
Add Person Owner

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- 6 **Ownership Inquiry** ▴
 - ✔ Ownership
 - Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Related Party Information - Third-Party Servicer Owned

Ownership Information ✔
Person Owner Information ✔
3

1. Does this owner own any percentage of another company/organization that administers any aspect of an institution's participation in the Title IV programs?

Yes

No

Provide information for each third-party servicer that is owned.

Select + **Add New** to add a third-party servicer owned. To edit a previously reported an third-party servicer owned select the Edit Icon.

[+ Add New](#)

Third-Party Servicer Name	% Owned	Effective Date	End Date	
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	
> Lorem ipsum dolor sit amet	50%	01/01/2021	08/01/2021	

[Previous](#)

[Save Draft](#) Next

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Print Center

FederalStudentAid
Elizabeth | Student User | Northwestern University

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- Ownership Inquiry
 - ✔ Ownership
 - Add New Party Information
- ? Location Inquiry
- ? Client Inquiry
- ? Subcontracts/Affiliates Inquiry
- ? Withdrawal Inquiry
- ? Upload Documents
- ? Submit TPS Inquiry Form
- ? Certification

Add New Related Party Information - Third-Party Servicer Owned

Ownership Information ✔
Person Owner Information ✔
Related Party Information 1

Provide the name of the third-party servicer or other company/organization that is owned.

If the third party servicer or company/organization could not be found, provide the name of the third party servicer or company/organization that is owned.

Enter Name

Percentage of Ownership

Enter Percentage %

Provide the following information for the primary contact for the third-party servicer that is owned

Personal Information

Prefix (optional)

Select Prefix

First Name

Enter Name

Middle Name

Enter Name

Last Name

Enter Name

Suffix (optional)

Enter Name

Job Title

Enter Job Title

Address Information

Country

Select Country

Business Street Address 1

Enter Address

Business Street Address 2 (optional)

Enter Address

City

Enter City

State/Territory or Foreign Province

Select

Zip Code *4 is essential

Enter Number Enter Number

Postal Code

Enter Postal Code

Contact Information

Email Address

Enter Email Address

Telephone Number Ext. optional

JSA +1 000-000-0000 Enter

Fax Number Ext. optional

JSA +1 000-000-0000 Enter

International Telephone Number Ext. optional

JSA +1 000 000 0000 Enter

International Fax Number Ext. optional

JSA +1 000-000-0000 Enter

Date Information

TPS Owned Effective Date

MM/DD/YYYY

TPS Owned End Date

MM/DD/YYYY

Add Related Party

KNOWLEDGE CENTER

Knowledge Center Home
FAQs/Helpdesk
Knowledge Center HUD

TRAINING

Training Resources
TPS Training Conferences
Financial Aid ToolKit

FINANCIAL AID DELIVERY

Appointments and Referrals
Scholarship Awards & PRIMEFYE
Disbursement & Bill Payments
Common Student Questions
Return of Title IV Funds
SCHEDULE 304 (PDF, 1/31/2023)
Sponsor ROL-202
Return of Title IV Funds
Return of Title IV Funds
Return of Title IV Funds

TITLE IV PROGRAM ELIGIBILITY

Case Management
Title IV Participation Assessment
Return of Funds
Audit Referral System
Appeals
Student Complaints
Reports

STUDENT, PARENT, BORROWER ACCOUNTS

Account Overview
Create Your Account
Reset Your Password
Request ID Service
Feedback Center

PARTNER PROFILE

Partner Search

MORE INFO

About This Site
Data Center
Help Center
Feedback Center
Feedback Center

FederalStudentAid

Facebook
Twitter
LinkedIn
YouTube
Instagram
Search
Help
Feedback
Accessibility
MSAA
Open

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Help Center

Elizabeth | School User | [Northwestern University](#)

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- 6 **Ownership Inquiry**
- ✔ Ownership
- ✔ Related Party Information
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Ownership Inquiry

Provide information for each entity or individual that owns an interest in this company/organization regardless of percentage.

Select + **Add New** to add owner. To edit a previously reported owner select the Edit Icon.

[+ Add New](#)

Owner Name	Owner Type	Person vs. Entity	% Owned	Effective Date	End Date
+ Owner Name	Proprietorship	Entity	10%	01/01/2021	
+ Owner Name	Limited Liability Limited Partnership	Entity	50%	01/01/2021	
+ Owner Name	Limited Liability Limited Partnership	Entity	30%	01/01/2021	
+ Owner Name	Limited Liability Limited Partnership	Person	10%	01/01/2021	

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Location Inquiry

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Help Center

Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- ✔ Ownership Inquiry
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Location Inquiry

Check here if you need to update the address of your primary location and provide the following information.

1. Provide the primary address of this company/organization.

Address Information

Country

Business Street Address 1

Business Street Address 2 *optional*

City

State/Territory or Foreign Province

Zip Code *4 - optional

Postal Code

Check here if the mailing address for this company/organization is the same as the business address.

Mailing Address

Country

Mailing Street Address 1

Mailing Street Address 2 *optional*

City

State/Territory or Foreign Province

Zip Code *4 - optional

Postal Code

Check here if this company/organization has additional locations (processing center, etc.)

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

[Knowledge Center Home](#)
[PSA Plan Checks](#)
[Knowledge Center FAQ](#)

TRAINING

[Training Resources](#)
[FSA Training Conference](#)
[Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

[Application & Verification](#)
[Calculating Awards & Packaging](#)
[Origination & Disbursement](#)
[Campus-Based Processing](#)
[Return of Title IV Funds](#)
[National Student Loan Data System \(NSLDS\)](#)
[Reinstatement & Closure](#)
[Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

[Case Management](#)
[Title IV Participation Application](#)
[Maximum Eligibility](#)
[Audit Submission](#)
[Appeals](#)
[School Closures](#)
[Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

[Annual Search](#)
[Data Range Search](#)
[Record ID Search](#)

PARTNER PROFILE

[Partner Search](#)

MORE INFO

[About This Site](#)
[Data Center](#)
[Help Center](#)
[Feedback Center](#)
[Important Dates](#)

2018-19 | [FOIA](#) | [Privacy](#) | [Security](#) | [Notice](#) | [Web Accessibility](#) | [USA.gov](#) | [E.gov](#)

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Help Center

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U.S. DEPARTMENT OF EDUCATION
Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- 7 **Location Inquiry**
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Location Inquiry

Check here if you need to update the address of your primary location and provide the following information.

1. Provide the primary address of this company/organization.

Address Information

Country

Business Street Address 1

Business Street Address 2 *optional*

City

State/Territory or Foreign Province

Zip Code +4 -optional

Postal Code

Check here if the mailing address for this company/organization is the same as the business address.

Mailing Address

Country

Mailing Street Address 1

Mailing Street Address 2 *optional*

City

State/Territory or Foreign Province

Zip Code +4 -optional

Postal Code

Check here if this company/organization has additional locations (processing center, etc.)

KNOWLEDGE CENTER Knowledge Center Home FSA Helpline Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processes Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Data Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates	PARTNER PROFILE Partner Search
--	--	---	--	---	--

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Location Inquiry

Provide the purpose, address, phone number and primary contact for each location.

Select + **Add New** to add a location. To edit a previously reported location select the [Edit](#) icon.

[+ Add New](#)

Street Address	Location Purpose	Effective Date	End Date	
▾ 123 College Street Suite 502	Location Purpose	01/01/2021	01/01/2021	✎

Details

PRIMARY CONTACT

Name: Alexander Hamilton
 Email: alexander.hamilton1755@americanrevolution.edu
 Job Title:
 Telephone Number: (123) 555-1234
 Fax Number: (123) 555-1234
 International Telephone Number:
 International Fax Number:

BUSINESS STREET ADDRESS

123 College Street
 Suite 502
 Address 3
 Evanston, IL 60201-0004
 United States of America

▾ 123 College Street Suite 502	Location Purpose	01/01/2021	01/01/2021	
▾ 123 College Street Suite 502	Location Purpose	01/01/2021	01/01/2021	
▾ 123 College Street Suite 502	Location Purpose	01/01/2021	01/01/2021	

[Previous](#)
[Save Draft](#) [Next](#)

KNOWLEDGE CENTER

[Knowledge Center Home](#)
[FSA Handbook](#)
[Knowledge Center FAQ](#)

TRAINING

[Training Resources](#)
[FSA Training Conference](#)
[Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

[Application & Verification](#)
[Calculating Awards & Packaging](#)
[Origination & Disbursement](#)
[Campus-Based Processing](#)
[Return of Title IV Funds](#)
[National Student Loan Data System \(NSLDS\)](#)
[Reconciliation & Closeout](#)
[Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

[Case Management](#)
[Title IV Participation Application](#)
[Maintain Eligibility](#)
[Audit Submission](#)
[Appeals](#)
[School Closures](#)
[Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

[Account Search](#)
[Date Range Search](#)
[Record ID Search](#)

PARTNER PROFILE

[Partner Search](#)

MORE INFO

[About This Site](#)
[Data Center](#)
[Help Center](#)
[Feedback Center](#)
[Important Dates](#)

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Location Inquiry

Location Address Information 1
Primary Contact Information 2
Location Services Provided 3

Provide the following information for this location.

Location Purpose

Select ▾

Address Information

Country

Select Country ▾

Business Street Address 1

Enter Address

Business Street Address 2 -optional

Enter Address

City

Enter City

State/Territory or Foreign Province

Select ▾

Zip Code +4 -optional

Enter Number

-

Enter Number

Postal Code

Enter Postal Code

Date Information

End Date

MM/DD/YYYY

Cancel

Next

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- ✔ Ownership Inquiry
- 7 **Location Inquiry**
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Location Inquiry

Location Address Information ✔
Primary Contact Information 2
Location Services Provided 3

Select + **Add New** to add a new primary contact for this location. To edit information about a primary contact select the [Edit](#) Icon.

[+ Add New](#)

Primary Contact Name	Role	Job Title	Role Effective Date	Role End Date	
Mr. Alexander J. Hamilton Jr.	Chief Executive Officer	President	08/31/2020		✎
Details					
CONTACT INFORMATION			BUSINESS STREET ADDRESS		
Email: alexander.hamilton1755@americanrevolution.edu			123 College Street		
Telephone Number: (123) 555-1234			Suite 502		
Fax Number: (123) 555-1234			Address 3		
			Evanston, IL 60201-0004		
			United States of America		
Mr. Alexander J. Hamilton Jr.	Chief Financial Officer	CFO	08/31/2020	08/31/2021	✎
Mr. Alexander J. Hamilton Jr.	Financial Aid Director	COO	08/31/2020	08/31/2021	✎
Mr. Alexander J. Hamilton Jr.	Chief Information Officer	CIO	08/31/2020	08/31/2021	✎
Mr. Alexander J. Hamilton Jr.	Chief Operation Officer	Other Executive	08/31/2020	08/31/2021	✎

[Cancel](#)
[Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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[Knowledge Center](#) |
 [TRAINING](#) |
 [FINANCIAL AID DELIVERY](#) |
 [TITLE IV PROGRAM ELIGIBILITY](#) |
 [PARTNER CONNECT SERVICES](#)
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Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- ✔ Ownership Inquiry
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Location Inquiry

Location Address Information ✔
Primary Contact Information 7
Location Services Provided 8

Provide the following information for your primary contact at this location.

Personal Information

Prefix - optional

First Name

Middle Name

Last Name

Suffix - optional

Job Title

Address Information

Country

Business Street Address 1

Business Street Address 2

City

State/Territory or Foreign Province

Zip Code -4 - optional

Postal Code

Contact Information

Email Address

Telephone Number Ext. - optional

Fax Number Ext. - optional

International Telephone Number Ext. - optional

International Fax Number Ext. - optional

Date information

Effective Date - optional

End Date - optional

Cancel
Add Primary Contact

KNOWLEDGE CENTER

Knowledge Center Home
 PSA Handbook
 Knowledge Center FAQ

TRAINING

Training Resources
 PSA Training Conference
 Financial Aid Toolkit

FINANCIAL AID DELIVERY

Application & Workflow
 Cycle Making Awards & Payments
 Origination & Disbursement
 Campus Based Processing
 Return of Title IV Funds
 Student Support Loan Data System (SSLD)
 Return to Title IV
 Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

Case Management
 Title IV Enrollment Application
 Manual Eligibility
 Audit Submission
 Appeals
 Student Outcomes
 Reports

STUDENT, PARENT, BORROWER ACCOUNTS

Account Search
 Title Review Search
 Record ID Search

PARTNER PROFILE

Partner Search

MORE INFO

Access This Site
 Data Center
 Help Center
 Feedback Center
 Important Dates

Federal Student Aid

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[Home](#) |
 [About](#) |
 [Privacy](#) |
 [Security](#) |
 [Feedback](#) |
 [Accessibility](#) |
 [Site Map](#)

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Services Provided

Location Address Information ✔
Primary Contact Information ✔
Location Services Provided 3

Identify the specific functions or services that this company/organization performs on behalf of Title IV eligible institutions at this location. The services listed here are populated from the services that were selected in the General Inquiry section. If additional services are missing from this list, they must be added in the General Inquiry section in order to be selected here.

Select **+ Add New** to add a new service provided. To edit a previously reported service provided select the Edit icon.

[+ Add New](#)

Main Services	Specific Services	Effective Date	End Date	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	

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KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ TRAINING Training Resources FSA Training Conference Financial Aid Toolkit	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search PARTNER PROFILE Partner Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
---	---	---	--	---

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Services

Location Address Information ✔
Primary Contact Information ✔
3

Select the main and specific service that this company/organization performs below. To report additional services this company/organization performs, select Add Service below to return to the table in the previous screen. If you do not see the service in the list provided performed at this location, you must return to the General Inquiry - Services Provided section to first add the service there so it may display in the dropdown. [i](#)

Main Service

Select
▾

Date Information

Effective Date [i](#)

MM/DD/YYYY
📅

Cancel
Add Service

<p>KNOWLEDGE CENTER</p> <ul style="list-style-type: none"> Knowledge Center Home FSA Handbook Knowledge Center FAQ <p>TRAINING</p> <ul style="list-style-type: none"> Training Resources FSA Training Conference Financial Aid Toolkit 	<p>FINANCIAL AID DELIVERY</p> <ul style="list-style-type: none"> Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management 	<p>TITLE IV PROGRAM ELIGIBILITY</p> <ul style="list-style-type: none"> Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports 	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <ul style="list-style-type: none"> Account Search Date Range Search Record ID Search <p>PARTNER PROFILE</p> <ul style="list-style-type: none"> Partner Search 	<p>MORE INFO</p> <ul style="list-style-type: none"> About This Site Data Center Help Center Feedback Center Important Dates
--	---	---	---	---

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Services

Location Address Information ✔
Primary Contact Information ✔
Location Services Provided 3

Select the main and specific service that this company/organization performs below. To report additional services this company/organization performs, select Add Service below to return to the table in the previous screen. If you do not see the service in the list provided performed at this location, you must return to the General Inquiry - Services Provided section to first add the service there so it may display in the dropdown. [i](#)

Main Service

Deliver Title IV Credit Balance Refunds to Students or Parents
▾

Specific Service

Select
▾

Date Information

Effective Date [i](#)

MM/DD/YYYY
📅

End Date [i](#)

MM/DD/YYYY
📅

Cancel
Add Service

<p>KNOWLEDGE CENTER</p> <ul style="list-style-type: none"> Knowledge Center Home FSA Handbook Knowledge Center FAQ <p>TRAINING</p> <ul style="list-style-type: none"> Training Resources FSA Training Conference Financial Aid Toolkit 	<p>FINANCIAL AID DELIVERY</p> <ul style="list-style-type: none"> Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management 	<p>TITLE IV PROGRAM ELIGIBILITY</p> <ul style="list-style-type: none"> Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports 	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <ul style="list-style-type: none"> Account Search Date Range Search Record ID Search <p>PARTNER PROFILE</p> <ul style="list-style-type: none"> Partner Search 	<p>MORE INFO</p> <ul style="list-style-type: none"> About This Site Data Center Help Center Feedback Center Important Dates
--	---	---	---	---

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Services

Location Address Information ✔
Primary Contact Information ✔
Location Services Provided 3

Select the main and specific service that this company/organization performs below. To report additional services this company/organization performs, select Add Service below to return to the table in the previous screen. If you do not see the service in the list provided performed at this location, you must return to the General Inquiry - Services Provided section to first add the service there so it may display in the dropdown. [L](#)

Main Service

Deliver Title IV Credit Balance Refunds to Students or Parents ▾

Specific Service

Select ▾

- Cash
- Check
- ACH
- Debit Card
- Other Electronic Payment Vehicle

Cancel
Add Service

<p>KNOWLEDGE CENTER</p> <ul style="list-style-type: none"> Knowledge Center Home FSA Handbook Knowledge Center FAQ <p>TRAINING</p> <ul style="list-style-type: none"> Training Resources FSA Training Conference Financial Aid Toolkit 	<p>FINANCIAL AID DELIVERY</p> <ul style="list-style-type: none"> Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management 	<p>TITLE IV PROGRAM ELIGIBILITY</p> <ul style="list-style-type: none"> Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports 	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <ul style="list-style-type: none"> Account Search Date Range Search Record ID Search <p>PARTNER PROFILE</p> <ul style="list-style-type: none"> Partner Search 	<p>MORE INFO</p> <ul style="list-style-type: none"> About This Site Data Center Help Center Feedback Center Important Dates
--	---	---	---	---

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Services

Location Address Information ✔
Primary Contact Information ✔
Location Services Provided 3

Select the main and specific service that this company/organization performs below. To report additional services this company/organization performs, select Add Service below to return to the table in the previous screen. If you do not see the service in the list provided performed at this location, you must return to the General Inquiry - Services Provided section to first add the service there so it may display in the dropdown. [i](#)

Main Service

Deliver Title IV Credit Balance Refunds to Students or Parents ▾

Specific Service

Cash ▾

Date Information

Effective Date [i](#)

MM/DD/YYYY
📅

End Date [i](#)

MM/DD/YYYY
📅

Cancel
Add Service

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Services Provided

Location Address Information ✔
Primary Contact Information ✔
Location Services Provided ✔

Identify the specific functions or services that this company/organization performs on behalf of Title IV eligible institutions at this location. The services listed here are populated from the services that were selected in the General Inquiry section. If additional services are missing from this list, they must be added in the General Inquiry section in order to be selected here.

Select + **Add New** to add a new service provided. To edit a previously reported service provided select the **Edit** icon.

+ Add New

Main Services	Specific Services	Effective Date	End Date	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	

Cancel
Add Location

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ TRAINING Training Resources FSA Training Conference Financial Aid Toolkit	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search PARTNER PROFILE Partner Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
---	---	---	--	---

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KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- ✔ Ownership Inquiry
- 7 Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Location Inquiry

Provide the purpose, address, phone number and primary contact for each location.

Select + **Add New** to add a location. To edit a previously reported location select the [Edit](#) icon.

[+ Add New](#)

Street Address	Location Purpose	Effective Date	End Date
123 College Street Suite 502	Location Purpose	01/01/2021	01/01/2021

Details

PRIMARY CONTACT

Name: Alexander Hamilton
 Email: alexander.hamilton1755@americanrevolution.edu
 Job Title:
 Telephone Number: (123) 555-1234
 Fax Number: (123) 555-1234
 International Telephone Number:
 International Fax Number:

BUSINESS STREET ADDRESS

123 College Street
 Suite 502
 Address 3
 Evanston, IL 60201-0004
 United States of America

123 College Street Suite 502	Location Purpose	01/01/2021	01/01/2021
123 College Street Suite 502	Location Purpose	01/01/2021	01/01/2021
123 College Street Suite 502	Location Purpose	01/01/2021	01/01/2021
123 College Street Suite 502	Location Purpose	01/01/2021	01/01/2021

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- 8 **Client Inquiry**
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Client Inquiry

Provide information for each institution of higher education this company/organization contracts with to administer any aspect of the Title IV, HEA programs.

Select + **Add New** to add a new client. To edit a previously reported client select the Edit Icon.

[+ Add New](#)

▾ OPEID	Institution Name	Services Provided	Effective Date	End Date	
▾ 00012345	Northwestern University	Providing Disbursement Services, Enrollment Reporting	01/01/2021		
Details					
CLOUD ENVIRONMENT		SOFTWARE SYSTEM MAINTAINED			
Yes		Company/Organization			
▾ 00012345	Northwestern University	Providing Disbursement Services, Enrollment Reporting	01/01/2021		
▾ 00012345	Northwestern University	Providing Disbursement Services, Enrollment Reporting	01/01/2021		
▾ 00012345	Northwestern University	Providing Disbursement Services, Enrollment Reporting	01/01/2021		

[Previous](#)
 Save Draft
[Next](#)

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- [Knowledge Center Home](#)
- [FSA Handbook](#)
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TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✓ Requirement
- ✓ General Inquiry ▾
- ✓ Demographic Inquiry ▾
- ✓ Contact Inquiry ▾
- ✓ Servicer Structure
- ✓ Ownership Inquiry ▾
- ✓ Location Inquiry
- 8 Client Inquiry**
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Client

Client Information Services Provided Systems Information Contract Information

1 2 3 4

Provide the name of the institution that contracts with this company/organization.

If the institution cannot be found in the search, provide the name of the institution.

OPEID of Institution

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Client

Client Information 1
Services Provided 2
Systems Information 3
Contract Information 4

Provide the name of the institution that contracts with this company/organization.

If the institution cannot be found in the search, provide the name of the institution.

OPEID of Institution

Cancel
Next

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)


MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Client - Services Provided

Client Information ✔
Services Provided 2
Systems Information 3
Contract Information 4

Identify the specific functions or services that this company/organization performs on behalf of this client. The services listed here are populated from the services that were selected in the General Inquiry section. If additional services are missing from this list, they must be added in the General Inquiry section in order to be selected here.


Select + **Add New** to add a new service provided for this client. To edit a previously reported service provided for this client select the ✎ Edit icon.

+ Add New

Main Services	Specific Services	Effective Date	End Date	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	✎
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	✎
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	✎
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	✎

Cancel
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KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Client - Services Provided

Client Information ✔
Services Provided 2
Systems Information 3
Contract Information 4

Select the main and specific service that this company/organization performs on behalf of this client. To report additional services this company/organization performs on behalf of this client, select Add Service below to return to the table in the previous screen. [?](#)

Main Service

Select
▾

Date Information

Effective Date [?](#)

MM/DD/YYYY
📅

Cancel
Add Service

<p>KNOWLEDGE CENTER</p> <ul style="list-style-type: none"> Knowledge Center Home FSA Handbook Knowledge Center FAQ <p>TRAINING</p> <ul style="list-style-type: none"> Training Resources FSA Training Conference Financial Aid Toolkit 	<p>FINANCIAL AID DELIVERY</p> <ul style="list-style-type: none"> Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management 	<p>TITLE IV PROGRAM ELIGIBILITY</p> <ul style="list-style-type: none"> Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports 	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <ul style="list-style-type: none"> Account Search Date Range Search Record ID Search <p>PARTNER PROFILE</p> <ul style="list-style-type: none"> Partner Search 	<p>MORE INFO</p> <ul style="list-style-type: none"> About This Site Data Center Help Center Feedback Center Important Dates
--	---	---	---	---

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Client - Services Provided

Client Information ✔
2
Services Provided
Systems Information 3
Contract Information 4

Select the main and specific service that this company/organization performs on behalf of this client. To report additional services this company/organization performs on behalf of this client, select Add Service below to return to the table in the previous screen. [?](#)

Main Service

Deliver Title IV Credit Balance Refunds to Students or Parents ▾

Specific Service

Select ▾

Date Information

Effective Date [?](#)

MM/DD/YYYY
📅

End Date [?](#)

MM/DD/YYYY
📅

Cancel
Add Service

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Client - Services Provided

Client Information ✔
Services Provided 2
Systems Information 3
Contract Information 4

Select the main and specific service that this company/organization performs on behalf of this client. To report additional services this company/organization performs on behalf of this client, select Add Service below to return to the table in the previous screen. [🔗](#)

Main Service

Deliver Title IV Credit Balance Refunds to Students or Parents ▾

Specific Service

Select ▾

Cash
Check
ACH
Debit Card
Other Electronic Payment Vehicle

Cancel
Add Service

<p>KNOWLEDGE CENTER</p> <ul style="list-style-type: none"> Knowledge Center Home FSA Handbook Knowledge Center FAQ <p>TRAINING</p> <ul style="list-style-type: none"> Training Resources FSA Training Conference Financial Aid Toolkit 	<p>FINANCIAL AID DELIVERY</p> <ul style="list-style-type: none"> Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management 	<p>TITLE IV PROGRAM ELIGIBILITY</p> <ul style="list-style-type: none"> Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports 	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <ul style="list-style-type: none"> Account Search Date Range Search Record ID Search <p>PARTNER PROFILE</p> <ul style="list-style-type: none"> Partner Search 	<p>MORE INFO</p> <ul style="list-style-type: none"> About This Site Data Center Help Center Feedback Center Important Dates
--	---	---	---	---

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Client - Services Provided

Client Information ✔
2
Services Provided
Systems Information 3
Contract Information 4

Select the main and specific service that this company/organization performs on behalf of this client. To report additional services this company/organization performs on behalf of this client, select Add Service below to return to the table in the previous screen. [?](#)

Main Service

Deliver Title IV Credit Balance Refunds to Students or Parents ▾

Specific Service

Cash ▾

Date Information

Effective Date [?](#)

MM/DD/YYYY
📅

End Date [?](#)

MM/DD/YYYY
📅

Cancel
Add Service

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- 8 **Client Inquiry**
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Client - Services Provided

Client Information ✔
Services Provided ✔
Systems Information 3
Contract Information 4

Identify the specific functions or services that this company/organization performs on behalf of this client. The services listed here are populated from the services that were selected in the General Inquiry section. If additional services are missing from this list, they must be added in the General Inquiry section in order to be selected here.

Select + **Add New** to add a new service provided for this client. To edit a previously reported service provided for this client select the Edit Icon.

[+ Add New](#)

Main Services	Specific Services	Effective Date	End Date	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- 8 Client Inquiry
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Client - Systems Information

Client Information ✔
Services Provided ✔
Systems Information 3
Contract Information 4

1. Indicate the Department system(s) that this company/organization accesses or utilizes to perform functions on behalf of this institution.

Select Department ▾

2. Does this company/organization download or receive files containing information downloaded from Department systems to perform functions on behalf of this eligible higher education institution?

Yes

No

3. Does this company/organization have access to information downloaded from Department systems into an eligible higher education institution's system?

Yes

No

Cancel
Next

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✓ Requirement
- ✓ General Inquiry ▾
- ✓ Demographic Inquiry ▾
- ✓ Contact Inquiry ▾
- ✓ Servicer Structure
- ✓ Ownership Inquiry ▾
- ✓ Location Inquiry
- 8 Client Inquiry**
- 9 Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Client - Contract Information

Client Information ✓ Services Provided ✓ Systems Information ✓ **Contract Information 4**

Contract Information

Contract Effective Date

Contract End Date *-optional*

Submit a copy of the company/organization's contract with this institution.

Upload Files

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- Ownership Inquiry ▾
- Location Inquiry
- 8** Client Inquiry
- 9** Subcontracts/Affiliates Inquiry
- 10** Withdrawal Inquiry
- 11** Upload Documents
- 12** Submit TPS Inquiry Form
- 13** Certification

Client Inquiry

Provide information for each institution of higher education this company/organization contracts with to administer any aspect of the Title IV, HEA programs.

Select + **Add New** to add a new client. To edit a previously reported client select the [Edit](#) icon.

[+ Add New](#)

OPEID	Institution Name	Services Provided	Effective Date	End Date	
00012345	Northwestern University	Providing Disbursement Services, Enrollment Reporting	01/01/2021		Edit
Details					
CLOUD ENVIRONMENT Yes			SOFTWARE SYSTEM MAINTAINED Company/Organization		
00012345	Northwestern University	Providing Disbursement Services, Enrollment Reporting	01/01/2021		Edit
00012345	Northwestern University	Providing Disbursement Services, Enrollment Reporting	01/01/2021		Edit
00012345	Northwestern University	Providing Disbursement Services, Enrollment Reporting	01/01/2021		Edit
00012345	Northwestern University	Providing Disbursement Services, Enrollment Reporting	01/01/2021		Edit

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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Subcontractor/Affiliates

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- Ownership Inquiry ▾
- Location Inquiry
- Client Inquiry
- 9** **Subcontractor/Affiliates Inquiry**
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Subcontractor/Affiliates

1. Does this company/organization outsource or subcontract any of the services it performs on behalf of an eligible institution to another company/organization or individual?

Yes

No

[Previous](#) Save Draft [Next](#)

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- ✔ Client Inquiry
- 9 **Subcontractor/Affiliates Inquiry**
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Subcontracts/Affiliates

Provide information for each company/organization that you outsource or subcontract with.

Select + **Add New** to add a subcontractor/affiliate. To edit a previously reported subcontractor/affiliate select the **Edit** icon.

[+ Add New](#)

Subcontractor/Affiliate Legal Name	Services Provided	Contract Effective Date	Contract End Date
▾ Subcontracting Services USA			Alexander H.

Details

<p style="margin: 0;">PRIMARY CONTACT INFORMATION</p> <p style="margin: 0;">Name: Alexander Hamilton Email: alexander.hamilton1755@americanrevolution.edu Job Title: Telephone Number: (123) 555-1234 Fax Number: (123) 555-1234 International Telephone Number: International Fax Number: Website:</p>	<p style="margin: 0;">ADDRESS</p> <p style="margin: 0;">123 College Street Suite 502 Address 3 Evanston, IL 60201-0004 United States of America</p>	<p style="margin: 0;">CONTRACT INFORMATION</p> <p style="margin: 0;">123 College Street</p> <p style="margin: 5px 0 0 0;">SYSTEMS INFORMATION</p> <p style="margin: 0;">123 College Street</p> <p style="margin: 5px 0 0 0;">SUBCONTRACTOR/AFFILIATE D/B/A NAME</p> <p style="margin: 0;">123 College Street</p>
--	--	---

▾ Subcontractor LLP			Alexander H.
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Previous

Save Draft
Next

<p>KNOWLEDGE CENTER</p> <p>Knowledge Center Home FSA Handbook Knowledge Center FAQ</p> <p>TRAINING</p> <p>Training Resources FSA Training Conference Financial Aid Toolkit</p>	<p>FINANCIAL AID DELIVERY</p> <p>Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management</p>	<p>TITLE IV PROGRAM ELIGIBILITY</p> <p>Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports</p>	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <p>Account Search Date Range Search Record ID Search</p> <p>PARTNER PROFILE</p> <p>Partner Search</p>	<p>MORE INFO</p> <p>About This Site Data Center Help Center Feedback Center Important Dates</p>
--	---	--	---	--

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- ✔ Client Inquiry
- 9 **Subcontractor/Affiliates Inquiry**
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Subcontracts/Affiliates - Subcontractor/Affiliates Information

Subcontractor/
Affiliates Information
Primary Contact
Services Provided
Systems Information
Contract Information

1
2
3
4
5

2. Provide the legal name of the company/organization or individual that this company/organization subcontracts with.

3. Provide the trade name or d/b/a of the company/organization that this company/organization subcontracts with.

4. When did the company/organization begin subcontracting services to this company/organization or individual?

Cancel
Next

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- ✔ Client Inquiry
- 9 Subcontractor/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Subcontracts/Affiliates - Primary Contact

Subcontractor/Affiliates Information
2
Services Provided
Systems Information
Contract Information

Identify a primary contact for this subcontractor/affiliate.

Select + **Add New** to add a new primary contact for the subcontractor/affiliate. To edit information about the primary contact select the Edit icon.

[+ Add New](#)

Primary Contact Name	Role	Job Title	Role Effective Date	Role End Date	
Mr. Alexander J. Hamilton Jr.	Chief Executive Officer	President	08/31/2020		

Details

CONTACT INFORMATION

Email: alexander.hamilton1755@americanrevolution.edu
 Telephone Number: (123) 555-1234
 Fax Number: (123) 555-1234

BUSINESS STREET ADDRESS

123 College Street
 Suite 502
 Address 3
 Evanston, IL 60201-0004
 United States of America

Mr. Alexander J. Hamilton Jr.	Chief Financial Officer	CFO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Financial Aid Director	COO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Information Officer	CIO	08/31/2020	08/31/2021	
Mr. Alexander J. Hamilton Jr.	Chief Operation Officer	Other Executive	08/31/2020	08/31/2021	

[Cancel](#)
[Next](#)

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- ✔ Ownership Inquiry
- ✔ Location Inquiry
- ✔ Client Inquiry
- 4 Subcontractor/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Primary Contact

4b. Please provide the name and home address of the primary contact of this company/organization.

Check here if this person is the same as one of the individuals entered in a previous question or a previous inquiry, select the person from the list provided. If this is a new person, please provide the information requested below.

Select individual

Personal Information
 Provide your full legal name

Prefix (optional)

First Name

Middle Name

Last Name

Suffix (optional)

Job Title

Email Address

Primary Contact Address

Address Information

Country

Business Street Address 1

Business Street Address 2

City

State/Territory or Foreign Province

Zip Code - (optional)

Postal Code

Contact Information

Email Address

Telephone Number Ext. (optional)

Fax Number Ext. (optional)

International Telephone Number Ext. (optional)

International Fax Number Ext. (optional)

Date information

Effective Date (optional)

End Date (optional)

Previous
Save Draft
Add Contact

KNOWLEDGE CENTER

Knowledge Center Home
 FSA Handbook
 Knowledge Center Help

TRAINING

Training Resources
 FSA Training Calendar
 Financial Aid Basics

FINANCIAL AID DELIVERY

Application & Fee Process
 Cost of Attendance
 Disbursement
 Disbursement & Direct Payment
 Direct Payment Process
 Return of Title IV Funds
 Return of Unearned Loan Funds
 Return of Title IV
 Return of Title IV Worksheet
 Return of Title IV Worksheet

TITLE IV PROGRAM ELIGIBILITY

Cost Management
 Title IV Program Application
 International Eligibility
 Annual Renewal
 Academic
 Student Categories
 Payments

STUDENT PARENT BORROWER ACCOUNTS

Account Search
 Email Search
 Account Search
 Account Search

PARTNER PROFILE

Partner Search

MORE INFO

About This Site
 Site Contact
 Help Center
 Feedback Center
 Important Dates

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LinkedIn
Instagram

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- Ownership Inquiry ▾
- Location Inquiry
- Client Inquiry
- Subcontractor/Affiliates Inquiry**
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Subcontracts/Affiliates - Services Provided

Subcontractor/Affiliates Information
Primary Contact
Services Provided
Systems Information
Contract Information

3
4
5

Identify the specific functions or services that this subcontractor/affiliate performs on behalf of your company/organization. The services listed here are populated from the services that were selected in the General Inquiry section. If additional services are missing from this list, they must be added in the General Inquiry section in order to be selected here.

Select + **Add New** to add a new service provided. To edit a previously reported service provided select the **Edit** icon.

[+ Add New](#)

Main Services	Specific Services	Effective Date	End Date	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- ✔ Client Inquiry
- 9 Subcontractor/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Subcontracts/Affiliates - Services Provided

Subcontractor/Affiliates Information ✔
Primary Contact ✔
3
Systems Information 4
Contract Information 5

6. Select the main and specific service that this subcontractor/affiliate performs below. To report additional services this subcontractor/affiliate performs, select Add Service below to return to the table in the previous screen. [i](#)

Main Service

Select ▾

Date Information

Effective Date [i](#)

MM/DD/YYYY

Cancel
Add Service

<p>KNOWLEDGE CENTER</p> <ul style="list-style-type: none"> Knowledge Center Home FSA Handbook Knowledge Center FAQ <p>TRAINING</p> <ul style="list-style-type: none"> Training Resources FSA Training Conference Financial Aid Toolkit 	<p>FINANCIAL AID DELIVERY</p> <ul style="list-style-type: none"> Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management 	<p>TITLE IV PROGRAM ELIGIBILITY</p> <ul style="list-style-type: none"> Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports 	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <ul style="list-style-type: none"> Account Search Date Range Search Record ID Search <p>PARTNER PROFILE</p> <ul style="list-style-type: none"> Partner Search 	<p>MORE INFO</p> <ul style="list-style-type: none"> About This Site Data Center Help Center Feedback Center Important Dates
--	---	---	---	---

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KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✓ Requirement
- ✓ General Inquiry ▾
- ✓ Demographic Inquiry ▾
- ✓ Contact Inquiry ▾
- ✓ Servicer Structure
- ✓ Ownership Inquiry ▾
- ✓ Location Inquiry
- ✓ Client Inquiry
- 9 Subcontractor/Affiliates Inquiry**
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Subcontracts/Affiliates - Services Provided

Subcontractor/Affiliates Information Primary Contact **Services Provided** Systems Information Contract Information

6. Select the main and specific service that this subcontractor/affiliate performs below. To report additional services this subcontractor/affiliate performs, select [Add Service](#) below to return to the table in the previous screen. [\[i\]](#)

Main Service

Deliver Title IV Credit Balance Refunds to Students or Parents ▾

Specific Service

Select ▾

Date Information

Effective Date [\[i\]](#)

MM/DD/YYYY

End Date [\[i\]](#)

MM/DD/YYYY

[Cancel](#) [Add Service](#)

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- ✔ Client Inquiry
- 9 **Subcontractor/Affiliates Inquiry**
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Subcontracts/Affiliates - Services Provided

Subcontractor/Affiliates Information ✔
Primary Contact ✔
3
Services Provided
Systems Information 4
Contract Information 5

6. Select the main and specific service that this subcontractor/affiliate performs below. To report additional services this subcontractor/affiliate performs, select Add Service below to return to the table in the previous screen. [LF](#)

Main Service

Deliver Title IV Credit Balance Refunds to Students or Parents
▾

Specific Service

Cash
▾

Date Information

Effective Date [LF](#)

MM/DD/YYYY

End Date [LF](#)

MM/DD/YYYY

Cancel
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KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)

MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- Ownership Inquiry ▾
- Location Inquiry
- Client Inquiry
- Subcontractor/Affiliates Inquiry**
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Subcontracts/Affiliates - Services Provided

Subcontractor/Affiliates Information
Primary Contact
Services Provided
Systems Information
Contract Information

Identify the specific functions or services that this subcontractor/affiliate performs on behalf of your company/organization. The services listed here are populated from the services that were selected in the General Inquiry section. If additional services are missing from this list, they must be added in the General Inquiry section in order to be selected here.

Select + **Add New** to add a new service provided. To edit a previously reported service provided select the **Edit** icon.

[+ Add New](#)

Main Services	Specific Services	Effective Date	End Date	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	
Lorem ipsum dolor sit amet	Lorem ipsum dolor sit amet	01/01/2021	08/01/2021	

KNOWLEDGE CENTER

- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

PARTNER PROFILE

- [Partner Search](#)



MORE INFO

- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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Help Center


Elizabeth | School User | Northwestern University 

KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- ✔ Client Inquiry
- 9 **Subcontractor/Affiliates Inquiry**
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Subcontracts/Affiliates - Systems Information

Subcontractor/Affiliates Information ✔
Primary Contact ✔
Services Provided ✔
Systems Information 4
Contract Information 5

7. Indicate the Department systems that this subcontractor accesses or utilizes to perform functions on behalf of this company/organization or the institutions of higher education included in the scope of the contract.

Select ▾

8. Does this subcontractor download or receive files containing information downloaded from Department systems to perform functions on behalf of this company/organization or the institutions of higher education included in the scope of the contract?

Yes

No

9. Does this subcontractor have access to information downloaded from Department systems into an eligible higher education institution's system?

Yes

No

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS


- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates



[FOIA](#) | [Privacy](#) | [Security](#) | [Notices](#) | [WhiteHouse.gov](#) | [USA.gov](#) | [Ed.gov](#)

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- ✔ Client Inquiry
- 9 Subcontractor/Affiliates Inquiry
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Add New Subcontracts/Affiliates - Contract Information

Subcontractor/Affiliates Information ✔
Primary Contact ✔
Services Provided ✔
Systems Information ✔
5

Provide the following contract information for this subcontractor/affiliate.

Contract Information

10. Subcontractor/Affiliate Effective Date

11. Subcontractor/Affiliate End Date

Submit a copy of the company/organization's contract with this subcontractor.

Upload Files

Cancel

Add Subcontract/Affiliate

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Help Center

Elizabeth | School User | [Northwestern University](#)

KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- ✔ Client Inquiry
- 9 **Subcontractor/Affiliates Inquiry**
- 10 Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Subcontracts/Affiliates

Provide information for each company/organization that you outsource or subcontract with.

Select + **Add New** to add a subcontractor/affiliate. To edit a previously reported subcontractor/affiliate select the Edit icon.

[+ Add New](#)

Subcontractor/Affiliate Legal Name	Services Provided	Contract Effective Date	Contract End Date
▾ Subcontracting Services USA			Alexander H.
Details			
PRIMARY CONTACT INFORMATION Name: Alexander Hamilton Email: alexander.hamilton1755@americanrevolution.edu Job Title: Telephone Number: (123) 555-1234 Fax Number: (123) 555-1234 International Telephone Number: International Fax Number: Website:	ADDRESS 123 College Street Suite 502 Address 3 Evanston, IL 60201-0004 United States of America	CONTRACT INFORMATION 123 College Street SYSTEMS INFORMATION 123 College Street SUBCONTRACTOR/AFFILIATE D/B/A NAME 123 College Street	
▾ Subcontractor LLP			Alexander H.
▾ Northwestern University Branch Campus			Alexander H.

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

FOIA | Privacy | Security | Notices | [WhiteHouse.gov](#) | [USA.gov](#) | [Ed.gov](#)

Withdrawal Inquiry

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Federal Student Aid
AN OFFICE OF THE U.S. DEPARTMENT OF EDUCATION Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- Ownership Inquiry ▾
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- 10 Withdrawal Inquiry**
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Withdrawal Inquiry

1. You selected TPS Withdrawal/Closure as the purpose of this inquiry. Please provide the actual or anticipated withdrawal/closure date of this company/organization.

2. What is the reason for your withdrawal from providing Title IV services? [🔗](#)

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
TRAINING Training Resources FSA Training Conference Financial Aid Toolkit			PARTNER PROFILE Partner Search	

Federal Student Aid
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Help Center

Elizabeth | School User | [Northwestern University](#)

KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- ✔ Client Inquiry
- ✔ Subcontracts/Affiliates Inquiry
- 10 **Withdrawal Inquiry**
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Withdrawal Inquiry

3. You selected Merger/Acquisition as the reason for withdrawal. Provide the name of the third-party servicer that is purchasing this company/organization.

If the company/organization cannot be found in the search, provide the name of the company/organization.

TPS ID

Country

Business Street Address 1

Business Street Address 2 -Optional

City

State/Territory or Foreign Province

Zip Code +4 -optional

-

Postal Code

Date Information

Effective Date of Merger/Acquisition:

Previous

Save Draft

Next

KNOWLEDGE CENTER

Knowledge Center Home
FSA Handbook
Knowledge Center FAQ

TRAINING

Training Resources
FSA Training Conference
Financial Aid Toolkit

FINANCIAL AID DELIVERY

Application & Verification
Calculating Awards & Packaging
Origination & Disbursement
Campus-Based Processing
Return of Title IV Funds
National Student Loan Data System (NSLDS)
Reconciliation & Closeout
Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

Case Management
Title IV Participation Application
Maintain Eligibility
Audit Submission
Appeals
School Closures
Reports

STUDENT, PARENT, BORROWER ACCOUNTS

Account Search
Date Range Search
Record ID Search

PARTNER PROFILE

Partner Search

MORE INFO

About This Site
Data Center
Help Center
Feedback Center
Important Dates

FOIA | Privacy | Security | Notices | WhiteHouse.gov | USA.gov | Ed.gov

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Help Center

Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry
- Demographic Inquiry
- Contact Inquiry
- Servicer Structure
- Ownership Inquiry
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- 10** Withdrawal Inquiry
- 11 Upload Documents
- 12 Submit TPS Inquiry Form
- 13 Certification

Withdrawal Inquiry

3. You selected Change in Ownership as the reason for withdrawal. Provide the contact information for the new owner of this company/organization.

New Owner Personal Information

Prefix -optional

First Name

Middle Name

Last Name

Suffix -optional

Job Title

New Owner Address Information

Country

Business Street Address 1

Business Street Address 2 -optional

City

State/Territory or Foreign Province

Zip Code +4 optional
 -

Postal Code

New Owner Contact Information

Email Address

Telephone Number Ext. optional

Fax Number Ext. optional

International Telephone Number Ext. optional

International Fax Number Ext. optional

KNOWLEDGE CENTER

Knowledge Center Home
 FSA Tools Hub
 Knowledge Center FAQ

TRAINING

Training Resources
 FSA Training Conferences
 Financial Aid Toolkit

FINANCIAL AID DELIVERY

Application & Verification
 Considering Awards & Prefunding
 Origination & Disbursement
 Campus-Based Processing
 Return of Title IV Funds
 National Student Loan Data System (NSLDS)
 Re-enrollment & Withdrawal
 Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

Case Management
 Title IV Servicer on Application
 Multiple Eligibility
 Audit Submissions
 Appeals
 School Clearances
 Reports

STUDENT/PARENT BORROWER ACCOUNTS

Account Search
 Date Range Search
 Record ID Search

PARTNER PROFILE

Partner Search

MORE INFO

About This Site
 Data Center
 Help Center
 Feedback Center
 Important Dates

[FOIA](#) | [Privacy](#) | [Security](#) | [Notice](#) | [Workforce](#) | [USA.gov](#) | [Feedback](#)

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Federal Student Aid
AN OFFICE OF THE U.S. DEPARTMENT OF EDUCATION

Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ **TITLE IV PROGRAM ELIGIBILITY ▾** PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- Ownership Inquiry ▾
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- 10** **Withdrawal Inquiry**
- 11** Upload Documents
- 12** Submit TPS Inquiry Form
- 13** Certification

Withdrawal Inquiry

4. Please provide a detailed written description of the merger/acquisition or change in ownership that you are reporting for this company/organization. [🔗](#)

Please upload documentation to support this transaction.

[📎 Upload Files](#)

Comments:

Enter comments here

[Previous](#) [Save Draft](#) [Next](#)

KNOWLEDGE CENTER Knowledge Center Home FSA Handbook Knowledge Center FAQ	FINANCIAL AID DELIVERY Application & Verification Calculating Awards & Packaging Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default Prevention & Management	TITLE IV PROGRAM ELIGIBILITY Case Management Title IV Participation Application Maintain Eligibility Audit Submission Appeals School Closures Reports	STUDENT, PARENT, BORROWER ACCOUNTS Account Search Date Range Search Record ID Search	MORE INFO About This Site Data Center Help Center Feedback Center Important Dates
--	---	---	--	---

Federal Student Aid
AN OFFICE OF THE U.S. DEPARTMENT OF EDUCATION

[🐦](#) [📘](#) [📺](#) [FOIA](#) | [Privacy](#) | [Security](#) | [Notices](#) | [WhiteHouse.gov](#) | [USA.gov](#) | [Ed.gov](#)

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Help Center

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry ▾
- Servicer Structure
- Ownership Inquiry ▾
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- Withdrawal Inquiry
- Upload Documents**
- Submit TPS Inquiry Form
- Certification

Upload Documents

You must upload the documents listed below in order to successfully submit your application.

For each required document listed please select the appropriate action and follow the instructions provided. To provide a new document or a link to your policies and/or catalog, select "Upload New." Use the Upload button to provide any additional documents you would like to provide in support of your application. The documents you have uploaded will then be displayed in the list below. Please be sure to encrypt any documents containing Personally Identifiable Information (PII) data. If you are unable to encrypt PII data, please contact the School Participation Team.

- Organizational Chart for Owner Entity
- Organizational Chart for your Organization
- Contract for Each Client
- Contract for Each Subcontractor/Affiliate

Select **+ Add New** to add a new document, Download Icon to download a document, and Delete Icon to delete a document.

[+ Add New](#)

Upload Date	File Name	Document Type	Uploaded By	Description	File Size	File Type		
1/1/2021	File-Name	Document Type	Dora Maldonado	Lorem ipsum dolor, sed..	116KB	ZIP		
1/1/2021	File-Name	Document Type	Dora Maldonado	Lorem ipsum dolor, sed..	106KB	CSV		
1/1/2021	File-Name	Document Type	Dora Maldonado	Lorem ipsum dolor, sed..	10KB	DOCX		
1/1/2021	File-Name	Document Type	Dora Maldonado	Lorem ipsum dolor, sed..	116KB	CSV		
1/1/2021	File-Name	Document Type	Dora Maldonado	Lorem ipsum dolor, sed..	12KB	TXT		

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

- Knowledge Center Home
- FSA Handbook
- Knowledge Center FAQ

TRAINING

- Training Resources
- FSA Training Conference
- Financial Aid Toolkit

FINANCIAL AID DELIVERY

- Application & Verification
- Calculating Awards & Packaging
- Origination & Disbursement
- Campus-Based Processing
- Return of Title IV Funds
- National Student Loan Data System (NSLDS)
- Reconciliation & Closeout
- Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

- Case Management
- Title IV Participation Application
- Maintain Eligibility
- Audit Submission
- Appeals
- School Closures
- Reports

STUDENT, PARENT, BORROWER ACCOUNTS

- Account Search
- Date Range Search
- Record ID Search

PARTNER PROFILE

- Partner Search

MORE INFO

- About This Site
- Data Center
- Help Center
- Feedback Center
- Important Dates

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Documentation Upload

Please categorize your document, then click 'Upload'. Note, all uploaded documents will be permanent until modified by FSA.

* Document Category

* Select Document

Document Web Link

Description

Maximum 255 characters

Contains Personally Identifiable Information (PII)

Redacted/Proprietary (FOIA)

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App: Your website of the United States government. [Feedback](#) [Help Center](#)

Federal Student Aid
OFFICE OF FEDERAL STUDENT AID

Elizabeth School User | Northwestern University

KNOWLEDGE CENTER TRAINING FINANCIAL AID DELIVERY TITLE IV PROGRAM ELIGIBILITY PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry
- Demographic Inquiry
- Contact Inquiry
- Servicer Structure
- Ownership Inquiry
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- Withdrawal Inquiry
- Upload Documents
- Submit TPS Inquiry Form**
- Certification

Submit TPS Inquiry Form For Signature - Authorized Signature Authority

Who is the authorized signature authority for this company/organization? [?](#)

Check here if this is the same person as your Highest Ranking Officer (CEO/COO/President) - optional

Select Position

Check here if it is the same person as a Person Owner reported for the company/organization - optional

Select Owner

Personal Information

Prefix - optional

Select Prefix

First Name [?](#)

Enter Name

Middle Name [?](#)

Enter Name

Last Name

Enter Name

Suffix - optional

Enter Name

Job Title

Enter Job Title

Address Information

Country

United States

Business Street Address 1

Enter Address

Business Street Address 2 - optional

Enter Address

City

Enter City

State/Territory or Foreign Province

Select

Zip Code +4 - optional

Enter Number - Enter Number

Postal Code

Enter Postal Code

Contact Information

Email Address

Enter Email Address

Telephone Number Ext. - optional

USA +1 000-000-0000 Enter

Fax Number Ext. - optional

USA +1 000-000-0000 Enter

International Telephone Number Ext. - optional

USA +1 000-000-0000 Enter

International Fax Number Ext. - optional

USA +1 000-000-0000 Enter

[Previous](#) [Save Draft](#) [Next](#)

KNOWLEDGE CENTER Pursuing Your Degree FSA Handbook Knowledge Center 140	FINANCIAL AID DELIVERY Application & Your Services Calculating Awards & Enrollment Digital Sign & E-signatures Campus-Based Financing	TITLE IV PROGRAM ELIGIBILITY Data Management Title IV Participation Application Interstate Eligibility Audit Submitter Appeals Student Database Reports	STUDENT PARENT BORROWER ACCOUNTS Account Search Loan Ranges Search Revised ID Search	MCHIRFPU About This Site Data Center Index Center Feedback Center Important Dates
---	--	---	--	---

Federal Student Aid
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Help Center

Elizabeth | School User | Northwestern University

KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- ✔ Ownership Inquiry
- ✔ Location Inquiry
- ✔ Client Inquiry
- ✔ Subcontracts/Affiliates Inquiry
- ✔ Withdrawal Inquiry
- ✔ Upload Documents
- 12 **Submit TPS Inquiry Form**
- 13 Certification

Submit TPS Inquiry Form For Signature - Authorized Signature Authority

Provide the following personal information for this authorized signature authority.

Address Information

Country

Home Street Address 1

Home Street Address 2

City

State/Territory or Foreign Province

Zip Code +4 -optional
 -

Postal Code

Contact Information

Personal Email Address

Personal Telephone Number Ext.

Date Information

Effective Date

End Date

[Previous](#)
[Save Draft](#)
[Next](#)

<p>KNOWLEDGE CENTER</p> <ul style="list-style-type: none"> Knowledge Center Home FSA Handbook Knowledge Center FAQ <p>TRAINING</p> <ul style="list-style-type: none"> Training Resources FSA Training Conference Financial Aid Toolkit 	<p>FINANCIAL AID DELIVERY</p> <ul style="list-style-type: none"> Application & Verification Calculating Awards & Processing Origination & Disbursement Campus-Based Processing Return of Title IV Funds National Student Loan Data System (NSLDS) Reconciliation & Closeout Default, Prevention & Management 	<p>TITLE IV PROGRAM ELIGIBILITY</p> <ul style="list-style-type: none"> Case Management Title IV Participation Application Mainstream Eligibility Audit Submission Appeals School Closures Reports 	<p>STUDENT, PARENT, BORROWER ACCOUNTS</p> <ul style="list-style-type: none"> Account Search Date Range Search Record ID Search <p>PARTNER PROFILE</p> <ul style="list-style-type: none"> Partner Search 	<p>MORE INFO</p> <ul style="list-style-type: none"> About This Site Data Center Help Center Feedback Center Important Dates
--	---	---	---	---

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Help Center

Federal StudentAid
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KNOWLEDGE CENTER
TRAINING
FINANCIAL AID DELIVERY
TITLE IV PROGRAM ELIGIBILITY
PARTNER CONNECT SERVICES

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry
- ✔ Demographic Inquiry
- ✔ Contact Inquiry
- ✔ Servicer Structure
- ✔ Ownership Inquiry
- ✔ Location Inquiry
- ✔ Client Inquiry
- ✔ Subcontracts/Affiliates Inquiry
- ✔ Withdrawal Inquiry
- ✔ Upload Documents
- 📄 Submit TPS Inquiry Form
- 📄 Certification

Submit TPS Inquiry Form For Signature - Authorized Signature Authority

Check here if your authorized signature authority is not available to sign this application. -optional

Explain why:

Add contact information for the delegated authority who may sign on behalf of the authorized signature authority. [🔗](#)

Personal Information

Prefix -optional

Select Prefix

First Name 🔗

Enter Name

Middle Name 🔗

Enter Name

Last Name

Enter Name

Suffix -optional

Enter Name

Job Title

Enter Job Title

Address Information

Country

United States

Business Street Address 1

Enter Address

Business Street Address 2 -optional

Enter Address

City

Enter City

State/Territory or Foreign Province

Select

Zip Code -4 -optional

Enter Number

Enter Number

Postal Code

Enter Postal Code

Contact Information

Email Address

Enter Email Address

Telephone Number Ext. -optional

USA +1 - 000-000-0000

Enter

Fax Number Ext. -optional

USA +1 - 000-000-0000

Enter

International Telephone Number 🔗 Ext. -optional

USA +1 - 000-000-0000

Enter

International Fax Number Ext. -optional

USA +1 - 000-000-0000

Enter

[Previous](#)
[Save Draft](#)
[Next](#)

KNOWLEDGE CENTER

Knowledge Center Home
PSA Hub/Book
Knowledge Center FAQ

TRAINING

Training Resources
PSA Training Community
Financial Aid Toolkit

FINANCIAL AID DELIVERY

Application Verification
Calculating Awards & Packaging
Origination & Disbursement
Campus-Based Processing
Return of Title IV Funds
Revised Disbursement Data System (RDCS)
Recruitment & Outreach
Default Prevention & Management

TITLE IV PROGRAM ELIGIBILITY

Class Management
Title IV Participation Application
Manual Eligibility Audit Submission
Appeals
School/State/PSA Reports

STUDENT, PARENT, BORROWER ACCOUNTS

Account Search
Title IV Plan Search
Record ID Search

PARTNER PROFILE

Partner Search

MORE INFO

About This Site
Data Center
Help Center
Feedback Center
Important Dates

Federal StudentAid

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KNOWLEDGE CENTER ▾
TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- ✔ Requirement
- ✔ General Inquiry ▾
- ✔ Demographic Inquiry ▾
- ✔ Contact Inquiry ▾
- ✔ Servicer Structure
- ✔ Ownership Inquiry ▾
- ✔ Location Inquiry
- ✔ Client Inquiry
- ✔ Subcontracts/Affiliates Inquiry
- ✔ Withdrawal Inquiry
- ✔ Upload Documents
- 12 **Submit TPS Inquiry Form**
- 13 Certification

Submit TPS Inquiry Form For Signature - Authorized Signature Authority

Provide the following personal information for this delegated authority.

Address Information

Country

Home Street Address 1

Home Street Address 2

City

State/Territory or Foreign Province

Zip Code +4 optional
 -

Postal Code

Contact Information

Personal Email Address

Personal Telephone Number Ext. optional

Date Information

Effective Date

End Date

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- [Knowledge Center FAQ](#)

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- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

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- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

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- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submissions](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

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- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

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- [Partner Search](#)

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- [Important Dates](#)

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TRAINING ▾
FINANCIAL AID DELIVERY ▾
TITLE IV PROGRAM ELIGIBILITY ▾
PARTNER CONNECT SERVICES ▾

Third-Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry
- Servicer Structure
- Ownership Inquiry ▾
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- Withdrawal Inquiry
- Upload Documents
- Submit TPS Inquiry Form
- 13 Certification**

Certification

- 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 U.S. Department of Education 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 providing false or misleading information on this form is a violation of the United States Criminal Code, Title 18, Section 1001 and may result in a fine of up to \$250,000 for an individual or \$500,000 for an organization, and/or imprisonment for up to five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.
- I agree to comply with all statutory provisions applicable to Title IV of the HEA, all regulatory provisions prescribed under that statutory authority, and all special arrangements, agreements, limitations, suspensions, and terminations entered into under the authority of Title IV of the HEA.
- I also agree to refer to the Office of Inspector General of the U.S. Department of Education for investigation any information indicating there is reasonable cause to believe that the institution might have engaged in fraud or other criminal misconduct in connection with the institution's administration of any Title IV, HEA program or an applicant for Title IV, HEA program assistance might have engaged in fraud or other criminal misconduct in connection with his or her application.
- I understand that access to information in Department systems may only be used for the Title IV function or service that is being performed. The data contained in Department systems such as the National Student Loan Data System (NSLDS), the Common Origination and Disbursement (COD) System, or the Central Processing System (CPS) are confidential and are protected by the Privacy Act of 1974, as amended, and other applicable statutes, and regulations. Failure to comply with Department access and user requirements may result in the organization or individual losing access to Department systems and/or being subject to sanctions, including, but not limited to, the initiation of a limitation, suspension, or termination action or a debarment proceeding against the individual, the institution, and/or third-party servicer.

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- [Knowledge Center Home](#)
- [FSA Handbook](#)
- [Knowledge Center FAQ](#)

TRAINING

- [Training Resources](#)
- [FSA Training Conference](#)
- [Financial Aid Toolkit](#)

FINANCIAL AID DELIVERY

- [Application & Verification](#)
- [Calculating Awards & Packaging](#)
- [Origination & Disbursement](#)
- [Campus-Based Processing](#)
- [Return of Title IV Funds](#)
- [National Student Loan Data System \(NSLDS\)](#)
- [Reconciliation & Closeout](#)
- [Default Prevention & Management](#)

TITLE IV PROGRAM ELIGIBILITY

- [Case Management](#)
- [Title IV Participation Application](#)
- [Maintain Eligibility](#)
- [Audit Submission](#)
- [Appeals](#)
- [School Closures](#)
- [Reports](#)

STUDENT, PARENT, BORROWER ACCOUNTS

- [Account Search](#)
- [Date Range Search](#)
- [Record ID Search](#)

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- [Partner Search](#)

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- [About This Site](#)
- [Data Center](#)
- [Help Center](#)
- [Feedback Center](#)
- [Important Dates](#)

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Third-Party Servicer Inquiry Form Submitted for Signature ✕

The Third-Party Servicer Inquiry Form has been submitted to your authorized signature authority for signature.

Third Party Servicer Inquiry Form

- Requirement
- General Inquiry ▾
- Demographic Inquiry ▾
- Contact Inquiry
- Servicer Structure
- Ownership Inquiry ▾
- Location Inquiry
- Client Inquiry
- Subcontracts/Affiliates Inquiry
- Withdrawal Inquiry
- Upload Documents
- Submit TPS Inquiry Form
- Certification

Your Third-Party Servicer Inquiry Form has been submitted to your authorized signature authority.

Please have your authorized signature authority monitor his/her inbox for an email with signature instructions. Once the form has been signed, the form will be submitted to Federal Student Aid.

[You can view your case details here.](#)

Please contact Federal Student Aid if you have any questions.

Save Draft Close

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