| **Federal Student Aid, An Office of the U.S. Department of Education, Proud Sponsor of the American Mind Logo**  Partner Participation Oversight Third Party Servicer Inquiry Form |
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Third-Party Servicer Inquiry Form

**Confirmation**

|  |  |
| --- | --- |
| Text | Field Type |
| 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.  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. | Display Only |

**General Information**

|  |  |  |
| --- | --- | --- |
| Number | Text | Field Type |
|  | For purposes of this form, company/organization refers to an individual or a state agency, 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. | Display Only |
| 1 | What is the purpose of this inquiry?  <help text icon>  <Help Text>  Select Initial Inquiry if this is the first time a TPS inquiry is being submitted for this company/organization.    Select Merger/Acquisition if this company/organization purchased another third-party servicer that is becoming a part of this company/organization.    Select Withdrawal/Closure if this company/organization is being purchased by another third-party servicer or if this entity is ceasing to perform functions and services on behalf of Title IV eligible institutions.    Select Update Information to update information previously reported. | Picklist  Initial Inquiry, Merger/Acquisition, Withdrawal/Closure,  Update Information |
| 2. | What is the legal name of this Company/Organization? <help text icon>    Help Text: Please provide the legal name of this company/organization.  You will provide trade names, d/b/a names, and ownership names in the demographic and ownership sections. | Text |
| 3. | What is the EIN/TIN of this company/organization? <help text icon>    <Help Text>  The 9-digit identification number that the U.S. Internal Revenue Service (IRS) assigned to you for federal tax reporting purposes.  If your EIN/TIN has changed, please provide an explanation in the additional comment box below. | Number |
|  | Additional Comment | Text |
| 4. | What is the Unique Entity Identifier (UEI) of this company/organization?<help text icon>  <Help Text>  The 12-digit unique alpha-numeric entity identifier assigned to you by the GSA. To request your UEI and register your servicer, please visit [www.SAM.gov.](https://www.sam.gov./) | Number |
| 5. | Identify the specific functions or services that this Company/Organization performs on behalf of Title IV eligible institutions. <help text icon>  Help Text:  Select all of the main and specific service(s) that apply. If you do not see a service in the list provided, select “Other” and provide an explanation of the functions or service(s) performed. | Text |
|  | Main Service Provided | Picklist |
|  | Specific Service Provided | Conditional Picklist |
|  | Other: Please describe the services provided. | Text |
| 6. | When did this company/organization begin conducting business as a third-party servicer on behalf of Title IV, HEA institution(s)? <help text icon>  <help text>  Provide the date this company/organization began providing the functions or services identified on this inquiry to institutions of higher education. | Date |
| 7. | Please indicate the Department systems that this company/organization accesses or utilizes to perform functions on behalf of eligible higher education institutions. | Multi-Select Picklist  School Eligibility Application (E-APP),  Common Origination and Disbursement System (COD),  National Student Loan Data System (NSLDS),  Central Processing System (CPS),  Integrated Postsecondary Education Data System (IPEDS),  G5,  Partner Connect,  Other |
| 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? <help text icon>    Help Text:  Select yes, if this company/organization has direct access to download information from Department systems and/or receives files downloaded from Department systems from institutions of higher education or other entities. | Picklist (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?  <help text icon>    Help Text:  Select yes, if this company/organization has access to institutional systems or another entity’s system that contain student information downloaded from CPS, COD, NSLDS, or other Department systems. | Picklist (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? | Picklist  Internal software system owned or created by this company/organization,  System owned by another company/organization,  No data is downloaded or maintained by this company/organization |
| 11. | Provide the name of the software system utilized, the name of the company that provides the software system, as well as the address, Telephone number, website, and start/end date for the software provider(s). <help text icon>  <Help text>  Provide information for all software systems this company/organization utilizes to perform functions or services on behalf of higher education institutions. | Display Only |
|  | Name of Software System | Text |
|  | Name of Software Company | Text |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/ Territory | Text |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
|  | Telephone Number | Number |
|  | Ext. | Number |
|  | International Telephone Number | Number |
|  | Ext | Number |
|  | Fax Number | Number |
|  | Ext. | Number |
|  | International Fax Number | Number |
|  | Ext. | Number |
|  | Website | Text |
| 12. | Effective date <help text icon>  <help text>  Enter the date this company/organization began utilizing this software system. | Date |
| 13. | End date <help text icon>  <help text>  Enter the date this company/organization stopped utilizing this software system. | 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? | Picklist  Company/Organization,  Institution of Higher Education, Software Provider |
| 15. | Is this system maintained in a cloud environment? | Picklist (Yes/No) |

**Demographic Information**

|  |  |  |
| --- | --- | --- |
| Number | Text | Field Type |
| 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? <help text icon>  Help text:  Please enter all trade names or d/b/a names. The name(s) typed here should not be the same name that you entered as your Legal Name. | Picklist (Yes/No) |
|  | Trade or D/B/A Name | Text |
| 2. | Has this company ever operated under different name(s)? If yes, please provide the name(s): | Picklist (Yes/No) |
|  | Former Company/Organization Name | Text |
| 3. | What name does this company/organization utilize to file its required annual compliance audit? | Text |
| 4. | What is the fiscal year end date for this company/organization? | Date |
| 5. | What is the URL for this company/organization’s website? <help text icon>  <Help Text> Type in the address of your website. EXAMPLE: www.thirdpartyservicer.com | Website URL |

**Contact Information**

|  |  |  |
| --- | --- | --- |
| **Number** | **Text** | **Field Type** |
| 1 | Who is the Eligibility & Oversight Administrator for this company/organization?  <Help Text icon>  <help text>  Eligibility and Oversight Administrators create users and grant access to Partner Connect features on behalf of the institution or company/organization they work for. | Display Only |
|  | Prefix | Text |
|  | First Name  <help text icon>    Help Text:  You must provide the full legal name of this individual. | Text |
|  | Middle Name  <help text icon>    Help Text:  If this individual does not have a middle name, enter NMN | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | Job Title | Text |
|  | E-mail Address | Text |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 |  |
|  | City | Text |
|  | State/ Territory | Text |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
|  | Telephone Number | Number |
|  | Ext. | Number |
|  | International Telephone Number | Number |
|  | Ext | Number |
|  | Fax Number | Number |
|  | Ext. | Number |
|  | International Fax Number | Number |
|  | Ext. | Number |
|  | Effective Date | Date |
|  | End Date | Date |
| **2** | Who is the Alternate Eligibility & Oversight Administrator for your organization? | Display Only |
|  | Prefix | Text |
|  | First Name  <help text icon>    Help Text:  You must provide the full legal name of this individual. | Text |
|  | Middle Name  <help text icon>    Help Text:  If this individual does not have a middle name, enter NMN | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | Job Title | Text |
|  | E-Mail Address | Text |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/ Territory | Text |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
|  | Telephone Number | Number |
|  | Ext. | Number |
|  | International Telephone Number | Number |
|  | Ext | Number |
|  | Fax Number | Number |
|  | Ext. | Number |
|  | International Fax Number | Number |
|  | Ext. | Number |
|  | E-Mail Address | Text |
|  | Effective Date | Date |
|  | End Date | Date |
| **3** | Who is completing this form? | Display Only |
|  | 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. | Checkbox |
|  | Select individual | Picklist   * Eligibility & Oversight Administrator * Alternate Eligibility & Oversight Administrator * Highest Ranking Officer * Primary Contact * Secondary Contact |
|  | Prefix | Text |
|  | First Name  <help text icon>    Help Text:  You must provide the full legal name of this individual. | Text |
|  | Middle Name  <help text icon>    Help Text:  If this individual does not have a middle name, enter NMN | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | Job Title | Text |
|  | E-Mail Address | Text |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/Territory | Picklist |
|  | Foreign Province | Text |
|  | Zip | Number |
|  | +4 | Number |
|  | Postal Code | Text |
|  | Telephone Number | Number |
|  | Ext | Number |
|  | International Telephone Number | Number |
|  | Ext | Number |
|  | Fax Number | Number |
|  | Ext. | Number |
|  | International Fax Number | Number |
|  | Ext. | Number |
| **4** | Who is the highest-ranking officer (CEO/COO/President) of this company/organization? | Display Only |
|  | 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. | Checkbox |
|  | Select individual | Picklist   * Eligibility & Oversight Administrator * Alternate Eligibility & Oversight Administrator * Individual completing this form * Primary Contact * Secondary Contact |
|  | Prefix | Text |
|  | First Name  <help text icon>    Help Text:  You must provide the full legal name of this individual. | Text |
|  | Middle Name  <help text icon>    Help Text:  If this individual does not have a middle name, enter NMN | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | Job Title | Text |
|  | E-Mail Address | Text |
|  | Please provide the Home Address of the highest-ranking officer. | Text |
|  | Home Address 1 | Text |
|  | Home Address 2 | Text |
|  | City | Text |
|  | State | Text |
|  | Zip | Number |
|  | Personal Telephone Number | Number |
|  | Fax Number | Number |
|  | Personal E-Mail Address | Text |
|  | Effective Date | Date |
|  | End Date | Date |
| **5.** | Please provide the name and home address of the primary and secondary contacts of this company/organization. | Display Only |
|  | 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. <help text icon>  <Add Help Text> The primary and secondary contacts cannot be the same person as the highest ranking official. | Checkbox |
|  | Select individual | Picklist   * Eligibility & Oversight Administrator * Alternate Eligibility & Oversight Administrator * Individual completing this form |
|  | Primary | Checkbox |
|  | Secondary | Checkbox |
|  | Prefix | Text |
|  | First Name  <help text icon>    Help Text:  You must provide the full legal name of this individual | Text |
|  | Middle Name<help text icon>    Help Text:  If this individual does not have a middle name, enter NMN | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | Job Title | Text |
|  | E-Mail Address | Text |
|  | Personal E-Mail Address | Text |
|  | Home Address 1 | Text |
|  | Home Address 2 | Text |
|  | City | Text |
|  | State | Text |
|  | Zip | Number |
|  | Personal Telephone Number | Number |
|  | Fax Number | Number |
|  | Effective Date | Date |
|  | End Date | Date |

**Servicer Structure Information**

|  |  |  |
| --- | --- | --- |
|  | Text | Field Type |
| 1. | What is the IRS Designation of this company/organization? | Picklist  Public  Private Non-Profit  Proprietary |
| 2. | Select the ownership type for this company/organization. | Picklist:  Corporation (Publicly-traded)  Corporation (closely held under provisions of state law)  Corporation (for profit, not publicly-traded or closely held under provisions of state law)  Corporation (for profit - Certified B)  Corporation (nonprofit)  Corporation (public benefit)  Limited liability company (for profit)  Limited liability company (nonprofit)  Limited liability partnership (for profit)  Limited liability partnership (nonprofit)  Limited liability limited partnership (for profit)  Limited liability limited partnership (nonprofit)  General partnership (for profit)  General partnership (nonprofit)  Sole proprietorship  Trust (Irrevocable)  Trust (Irrevocable nonprofit)  Trust (Revocable)  Foreign Entity  Other |
| 3. | Identify the country in which this company/organization is incorporated/organized. | Picklist |
|  | Identify the state in which this company/organization is incorporated: | Picklist (if country = USA) |
| 4. | If you selected Publicly Traded Corporation above, provide the stock exchange trading symbol | Text |
| 5. | Provide the name and business address of the authorized representative within the state or foreign country where this company/organization is incorporated. | Text |
|  | Prefix | Text |
|  | First Name  <help text icon>    Help Text:  You must provide the full legal name of this individual | Text |
|  | Middle Name<help text icon>    Help Text:  If this individual does not have a middle name, enter NMN | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | E-Mail Address | Text |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/ Territory | Text |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
|  | Telephone Number | Number |
|  | Ext | Number |
|  | International Telephone Number | Number |
|  | Ext | Number |
|  | Fax Number | Number |
|  | Ext. | Number |
|  | International Fax Number | Number |
|  | Ext. | Number |
|  | Upload a copy of the company's organizational chart with employee names and titles. | Document Upload |
| 6. | Does this company/organization own an eligible or ineligible institution of higher education or entity that provides postsecondary educational programs? | Picklist (Yes/No) |
|  | Provide the OPEID of each institution that is owned. | OPEID Search |
|  | If the institution cannot be found in the search, provide the name of the institution or entity that is owned. | If OPEID selected, populates with data of OPEID selected |
|  | Institution or Entity Name | Text |
|  | Percentage of Ownership | Percentage |
|  | Ownership Effective Date: | Date |
|  | Ownership End Date: | Date |
| 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? | Picklist (Yes/No) |
|  | Provide the name of the Third-Party Servicer or other company/organization that is owned. | TPS Search |
|  | 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. | Text |
|  | Percentage of Ownership | Number |
|  | Provide the following information for the primary contact at the third-party servicer or company/organization that is owned. | Text |
|  | Job Title | Text |
|  | Prefix | Text |
|  | First Name  <help text icon>    Help Text:  You must provide the full legal name of this individual | Text |
|  | Middle Name<help text icon>    Help Text:  If this individual does not have a middle name, enter NMN | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | E-Mail Address | Text |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/Territory | Picklist |
|  | Zip Code | Number |
|  | +4 | Number |
|  | Foreign Province | Text |
|  | Postal Code | Number |
|  | Telephone | Number |
|  | Ext. | Number |
|  | Fax | Number |
|  | Ext. | Number |
|  | International Phone | Number |
|  | Ext | Number |
|  | International Fax | Number |
|  | Ext | Number |
|  | TPS Owned Effective Date: | Date |
|  | TPS Owned End Date: | Date |

**Ownership Information**

|  |  |  |
| --- | --- | --- |
|  | Text | Field Type |
|  | Provide information for each entity or individual that owns an interest in this company/organization regardless of percentage. | Display Only |
| 1. | Type of Owner | Picklist (Entity Owner/Person Owner) |
|  | Percentage of Ownership | Percentage |
|  | Ownership Effective Date | Date |
|  | Ownership End Date: | Date |
|  | Provide the Legal Name of this Entity Owner | Text |
|  | Provide the contact information for this owner. <Help Text Icon>  <Help Text>  Provide the Full Legal Name, Business Address, Telephone, Fax Number and E-mail Address for this owner. | Display Only if Person Owner |
|  | Provide the Full Legal Name, Business Address, Telephone, Fax Number and E-mail Address for the Primary Contact of this owner. | Display only if Entity Owner |
|  | 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. | Picklist |
|  | Job Title | Text |
|  | Prefix | Text |
|  | First Name  <help text icon>    Help Text:  You must provide the full legal name of this individual | Text |
|  | Middle Name<help text icon>    Help Text:  If this individual does not have a middle name, enter NMN | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | Country | Text |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | Suite/Apt | Text |
|  | City | Text |
|  | State/Territory | Text |
|  | Zip | Text |
|  | +4 | Text |
|  | Postal Code | Text |
|  | Foreign Province | Text |
|  | Telephone Number | Text |
|  | Fax Number | Text |
|  | International Telephone | Number |
|  | Ext | Number |
|  | International Fax | Number |
|  | Fax Ext | Number |
|  | E-Mail Address | Text |
| 2. | Identify the IRS Designation of this Entity Owner: | Picklist  Public  Private Non-Profit  Proprietary |
| 3. | Select the ownership type for this company/organization from the choices below (select only one). | Picklist:  Corporation (Publicly-traded)  Corporation (closely held under provisions of state law)  Corporation (for profit, not publicly-traded or closely held under provisions of state law)  Corporation (for profit - Certified B)  Corporation (nonprofit)  Corporation (public benefit)  Limited liability company (for profit)  Limited liability company (nonprofit)  Limited liability partnership (for profit)  Limited liability partnership (nonprofit)  Limited liability limited partnership (for profit)  Limited liability limited partnership (nonprofit)  General partnership (for profit)  General partnership (nonprofit)  Sole proprietorship  Trust (Irrevocable)  Trust (Irrevocable nonprofit)  Trust (Revocable)  Foreign Entity  Other |
| 4. | Identify the country in which this company/organization is incorporated/organized. | Picklist |
| 5. | Identify the state in which this company/organization is incorporated: | Picklist |
| 6. | If the ownership type for this owner is Publicly Traded Corporation, provide the stock exchange trading symbol | Text |
| 7. | Provide the name and business address of the authorized representative within the state where this owner is incorporated. | Text |
|  | Prefix | Text |
|  | First Name  <help text icon>    Help Text:  You must provide the full legal name of this individual | Text |
|  | Middle Name<help text icon>    Help Text:  If this individual does not have a middle name, enter NMN | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | E-Mail Address | Text |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 |  |
|  | City | Text |
|  | State/ Territory | Text |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
|  | Telephone Number | Number |
|  | Ext |  |
|  | International Telephone Number | Number |
|  | Ext | Number |
|  | Fax Number | Number |
|  | Ext. | Number |
|  | International Fax Number | Number |
|  | Ext. | Number |
|  | Please provide a copy of the company's organizational chart with employee names and titles. | Document Upload |
|  | Comment | Text |
| 8. | Does this owner own an eligible or ineligible institution of higher education or entity that provides postsecondary educational programs? | Picklist (Yes/No) |
|  | Provide the OPEID of each institution that is owned. | OPEID Search |
|  | If the institution cannot be found in the search, provide the name of each institution that is owned. | Populates with data of OPEID entered |
|  | Institution or Entity Name | Text |
|  | Percentage of Ownership | Percentage |
|  | Institution Owned Effective Date: | Date |
|  | Institution Owned End Date: | Date |
|  | Provide the name of the Third-Party Servicer or other company/organization that is owned. | TPS Search |
|  | 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. | Text |
|  | Percentage of Ownership |  |
|  | Please provide the full legal name, business address, Telephone, fax number, and E-mail of the primary contact for the Third-Party Servicer or company/organization that is owned. | Text |
|  | Prefix | Text |
|  | First Name  <help text icon>    Help Text:  You must provide the full legal name of this individual | Text |
|  | Middle Name<help text icon>    Help Text:  If this individual does not have a middle name, enter NMN | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | E-Mail Address | Text |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/Territory | Picklist |
|  | Zip Code | Number |
|  | Foreign Province | Text |
|  | Postal Code | Number |
|  | Telephone | Number |
|  | Ext. | Number |
|  | Fax | Number |
|  | Ext. | Number |
|  | International Phone | Number |
|  | Ext | Number |
|  | International Fax | Number |
|  | Fax Ext | Number |
|  | TPS Owned Effective Date: | Date |
|  | TPS Owned End Date: | Date |

**Location Information**

|  |  |  |
| --- | --- | --- |
|  | Text | Field Type |
| 1 | Provide the primary address of this company/organization. | Display |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 |  |
|  | City | Text |
|  | State/ Territory | Picklist |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
| 2 | Check here if the mailing address for this company/organization is the same as the business address | Checkbox |
|  | Country | Picklist |
|  | Mailing Address 1 | Text |
|  | Mailing Address 2 | Text |
|  | City | Text |
|  | State/ Territory | Picklist |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
| 3 | Check here if this company/organization has additional locations (processing center, etc.) | Checkbox |
|  | Provide the purpose, address, Telephone number and primary contact for each location | Text |
|  | Location Purpose | Picklist |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/ Territory | Picklist |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
|  | End Date | Date |
|  | Primary Contact | Display Only |
|  | Prefix | Text |
|  | First Name  <help text icon>    Help Text:  You must provide the full legal name of this individual | Text |
|  | Middle Name<help text icon>    Help Text:  If this individual does not have a middle name, enter NMN | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | Job Title | Text |
|  | Primary Contact Address | Display Only |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/ Territory | Picklist |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
|  | Telephone Number | Number |
|  | Ext | Number |
|  | International Telephone Number | Number |
|  | Ext | Number |
|  | Fax Number | Number |
|  | Ext. | Number |
|  | International Fax Number | Number |
|  | Ext. | Number |
|  | E-mail Address | Text |
|  | Identify the specific functions or services that this company/organization performs at this location.  <Help Text Icon>  Help Text:  Select all of the main and specific service(s) that apply. If you do not see a service in the list provided, select “Other” and provide an explanation of the functions or service(s) performed. | Display Only |
|  | Main Service Provided | Picklist |
|  | Specific Service Provided | Conditional Picklist |
|  | Other: Please describe the services provided. | Text |
|  | Effective Date | Date |
|  | End Date | Date |

**Client Information**

|  |  |  |
| --- | --- | --- |
|  | Text | Field Type |
|  | Provide information for each institution of higher education this company/organization contracts with to administer any aspect of the Title IV, HEA programs. | Display Only |
| 1. | Select the institution(s) that contract with this company/organization. | School Search |
|  | OPEID | Number |
|  | Partner Connect ID | Number |
|  | School Name | Text |
|  | If the institution cannot be found in the search, provide the name of the Institution | Text |
|  | Provide the services performed for this client | Display |
|  | Select all of the main and specific service(s) that apply. If you do not see a service in the list provided, select “Other” and provide an explanation of the functions or service(s) performed? | Display |
|  | Main Service Provided | Picklist |
|  | Specific Service Provided | Conditional Picklist |
|  | Other: Please describe the services provided. | Text |
| 2. | Indicate the Department system(s) that this company/organization accesses or utilizes to perform functions on behalf of this institution. | Multi-Select Picklist  School Eligibility Application (E-APP),  Common Origination and Disbursement System (COD),  National Student Loan Data System (NSLDS),  Central Processing System (CPS),  Integrated Postsecondary Education Data System (IPEDS),  G5,  Partner Connect  Other |
| 3. | 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? | Picklist (Yes/No) |
| 4. | Does this company/organization have access to information downloaded from Department systems into an eligible higher education institution’s system? | Picklist (Yes/No) |
| 5. | Contract Effective Date | Date |
| 6. | Contract End Date | Date |
| 7. | Submit a copy of the company/organization’s contract with this institution. | Document Upload |

**Subcontractors and Affiliates Information**

|  |  |  |
| --- | --- | --- |
|  | Text | Field Type |
| 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? | Picklist (Yes/No) |
| 2. | Provide the legal name of the company/organization or individual that this company/organization subcontracts with. | Text |
| 3. | Provide the trade name or d/b/a of the company/organization that this company/organization subcontracts with. | Text |
| 4. | Provide the name of the owner(s) of the company/organization that this company/organization subcontracts with. | Display Only |
|  | Prefix | Text |
|  | First Name | Text |
|  | Middle Name | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | Job Title | Text |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/ Territory | Picklist |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
|  | Country | Picklist |
|  | Telephone Number | Number |
|  | Ext | Number |
|  | International Telephone Number | Number |
|  | Ext | Number |
|  | Fax Number | Number |
|  | Ext. | Number |
|  | International Fax Number | Number |
|  | Ext. | Number |
|  | E-Mail Address | Text |
|  | Website | URL |
| 5. | When did the company/organization begin subcontracting services to this company/organization or individual? | Date |
| 6. | Identify the functions or services performed by this subcontractor. | Display |
|  | Select all of the primary and specific service(s) that apply. If you do not see a service in the list provided, select “Other” and provide an explanation of the functions or service(s) performed? | Display |
|  | Main Service Provided | Picklist |
|  | Specific Service Provided | Conditional Picklist |
|  | Other: Please describe the services provided. | Text |
|  | Subcontractor Service Effective Date | Date |
|  | Subcontractor Service End Date | Date |
| 7. | Please 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. | Picklist |
| 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? | Picklist (Yes/No) |
| 9. | Does this subcontractor have access to information downloaded from Department systems into an eligible higher education institution’s system? | Picklist (Yes/No) |
|  | Submit a copy of the company/ organization’s contract with this subcontractor. | Document Upload |
| 10. | Provide the effective date of the contract with this subcontractor. | Date |
| 11. | Provide the end date of the contract with this subcontractor | Date |

**Merger/Acquisition Information:**

|  |  |  |
| --- | --- | --- |
| Number | Text | Field Type |
| 1. | 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. <Help Text Icon>  <Help Text>  Identify the companies/organizations that are included in this transaction, the effective date of the transaction, the impact this transaction has on locations, employees, access to Department systems, institutional contracts, etc. in the written description provided.  Update all applicable sections of this inquiry to reflect the changes that need to be made as a result of this merger/acquisition. | Narrative Box and ability to upload documents |

**Withdrawal Inquiry:**

|  |  |  |
| --- | --- | --- |
|  | Text | Field Type |
| 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. | Date |
| 2. | What is the reason for your withdrawal from Title IV? <help text icon>  <help text>  Select No Longer Providing Title IV Services if this company/organization is closing or will no longer provide Title IV related services to instituitons of higher education.  Select Merger/Acquisition if an existing Third-Party Servicer is purchasing this company/organization.  Select Change in Ownership if the individual or company/organization that is purchasing this company/organization is not an existing Third-Party Servicer. | Picklist  No Longer Providing Title IV Services,  Merger/Acquisition,  Change In Ownership,  Other |
| 3. | You selected Merger/Acquisition as the reason for withdrawal. Provide the TPS ID of the Third-Party Servicer that is purchasing this company/organization. | Search |
|  | If the organization cannot be found in the search, provide the name of the Third-Party Servicer or company/organization that is purchasing this company/organization | Required if no organization was selected in search |
|  | Partner Connect ID | Number |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/ Territory | Picklist |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
|  | Country | Picklist |
|  | Effective Date of Merger/Acquisition: | Date |
| 3. | You selected Change in Ownership as the reason for withdrawal. |  |
|  | Provide the contact information for the new owner of this company/organization. | Display |
|  | Prefix | Text |
|  | First Name | Text |
|  | Middle Name | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | Job Title | Text |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/Territory | Picklist |
|  | Foreign Province | Text |
|  | Zip Code | Text |
|  | +4 | Text |
|  | Postal Code | Text |
|  | Telephone Number | Number |
|  | Ext |  |
|  | International Telephone Number | Number |
|  | Ext | Number |
|  | Fax Number | Number |
|  | Ext. | Number |
|  | International Fax Number | Number |
|  | Ext. | Number |
|  | E-mail Address | Text |
| 4. | Please provide a detailed written description of the merger/acquisition or Change in Ownership that you are reporting for this company/organization. <help text icon>  <Help Text>  Please identify the:   * Companies/organizations that are included in this transaction, * Impact this transaction has on this company/organization’s locations, employees, contracts with higher education institutions, information stored in software systems, employee access to Department systems, etc. in the written description provided.   Please upload documentation to support this transaction. | Narrative Box and Ability to Upload Documents |

**Upload Documents**

|  |  |  |
| --- | --- | --- |
|  | Text | Field Type |
|  | You must upload the documents listed below in order to successfully submit your inquiry. To provide a new document, select "Upload New."  Use the Upload Other Documents button to provide any additional documents you would like to provide in support of this inquiry. 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 Third-Party Servicer Oversight Group. | Display |
|  | Document Upload Component | File Uploader |
|  | Does this document contain PII data? | Picklist (Yes, No) |
|  | Document Type |  |
|  | Check here if you will be providing the URL to where this document type is located on your institution’s Web site in the document description below. | Checkbox |
|  | Enter a description of the document | Text |

**Submit TPS Inquiry Form**

|  |  |  |
| --- | --- | --- |
|  | Text | Field Type |
|  | Who is the authorized signature authority for this company/organization? <help text icon>  <help text) This individual(s) is authorized to execute contracts, financial documents, and other official documents on behalf of this company/organization. | Display Only |
|  | Check here if this is the same person as your:  Highest Ranking Officer (CEO/COO/President) | Checkbox |
|  | Select position. | Picklist  Highest Ranking Officer,  Primary Contact |
|  | Check here if it is the same person as a Person Owner reported for the company/organization. | Checkbox |
|  | Select Owner | Picklist of Person Owners |
|  | Job Title | Text |
|  | Prefix | Text |
|  | First Name | Text |
|  | Middle Name | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | E-mail Address | E-mail Address |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/Territory | Picklist |
|  | Foreign Province | Text |
|  | Zip Code | Number (XXXXX) |
|  | + 4 | Number (XXXX) |
|  | Postal Code | Alpha-Numeric |
|  | Telephone | Number |
|  | International Telephone | Number |
|  | Ext | Number |
|  | Fax | Number |
|  | International Fax Number | Number |
|  | Ext | Number |
|  | Provide the Home Address, Telephone Number, and E-mail Address for this authorized signature authority. | N/A |
|  | Country | Picklist |
|  | Home Address 1 | Text |
|  | Home Address 2 | Text |
|  | City | Text |
|  | State/Territory | Picklist |
|  | Foreign Province | Picklist |
|  | Zip Code | Number (XXXXX) |
|  | + 4 | Number (XXXX) |
|  | Postal Code | Alpha-Numeric |
|  | Personal E-mail Address | E-mail |
|  | Personal Telephone Number (include Area Code) | Number |
|  | Effective Date | Date |
|  | End Date | Date |
|  | Please check here, if your authorized signature authority is not available to sign this application. | Checkbox |
|  | Explain |  |
|  | Add contact information for the delegated authority who may sign on behalf of the authorized signature authority. <help text icon>  <help text>  This individual has been delegated the authority to execute contracts, financial documents, and other official documents in the absence of the authorized signature authority. You must upload a signed statement on company letter head that describes the time period, and the terms and conditions of the authority granted each time a delegation occurs. |  |
|  | Job Title | Text |
|  | Prefix | Text |
|  | First Name | Text |
|  | Middle Name | Text |
|  | Last Name | Text |
|  | Suffix | Text |
|  | E-mail Address | E-mail Address |
|  | Country | Picklist |
|  | Business Address 1 | Text |
|  | Business Address 2 | Text |
|  | City | Text |
|  | State/Territory | Picklist |
|  | Foreign Province | Text |
|  | Zip Code | Number (XXXXX) |
|  | + 4 | Number (XXXX) |
|  | Postal Code | Alpha-Numeric |
|  | Telephone Number | Number |
|  | Ext | Number |
|  | International Telephone Number | Number |
|  | Ext | Number |
|  | Fax | Number |
|  | International Fax Number | Number |
|  | Ext | Number |
|  | Provide the Home Address, Telephone Number, and E-mail Address for this delegated authority. | N/A |
|  | Country | Picklist |
|  | Home Address 1 | Text |
|  | Home Address 2 | Text |
|  | City | Text |
|  | State/Territory | Picklist |
|  | Foreign Province | Text |
|  | Zip Code | Number (XXXXX) |
|  | + 4 | Number (XXXX) |
|  | Postal Code | Alpha-Numeric |
|  | Personal E-mail Address | E-mail |
|  | Personal Telephone Number | Number |
|  | Effective Date | Date |
|  | End Date | Date |

**Certification Statement**

|  |  |
| --- | --- |
| Text | Field Type |
| 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. | Text and Check Box |
| 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. | Text and Checkbox |
| 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. | Text and Check Box |
| 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. | Text and Check Box |