

**Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0077. Public reporting burden for this collection of information is estimated to average 120 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is mandatory in accordance with the 1998 Amendments to the Higher Education Act of 1965 (Pub. L. 105-244 Sec. 424) and the Higher Education Opportunity Act of 2008 (Pub. L. 110-315). If you have comments or concerns regarding the status of your individual submission of this form, please email [TCLI@ed.gov](mailto:TCLI@ed.gov).

## Teacher Cancellation Low Income (TCLI) Data Provider Registration

### Instructions:

1. The person or persons who will provide TCLI data to Federal Student Aid (FSA) must complete page 2 of this form.

TCLI data will only be accepted for uploading if provided by the primary or secondary contact appointed for your state or territory. *FSA will not accept TCLI data sent from any other source.*

Only a primary contact is required. A secondary contact is optional.

The primary contact information will be made available to the public on the TCLI website at [studentaid.gov/tcli](http://studentaid.gov/tcli). The secondary contact will not be listed on the TCLI website, but will serve as an approved provider of TCLI data and a back-up contact for FSA.

2. Mail the completed and signed form to [TCLI@ed.gov](mailto:TCLI@ed.gov).
3. Confirmation of receipt will be provided via email to the contact(s).
4. If any of the information on page 2 is updated, it must be submitted via this form and sent to [TCLI@ed.gov](mailto:TCLI@ed.gov).

<b>Agency Information</b>	
State (required):	
Agency Name (required):	
Agency Address (Line1 (required)):	
Agency Address (Line2):	

City <i>(required)</i> :	
State <i>(required)</i> :	
Zip Code <i>(required)</i> :	

<b>Primary Contact</b> <i>(Primary Contact information will be viewable on the TCLI website)</i>	
First Name: <i>(required)</i>	
Last Name: <i>(required)</i>	
Title: <i>(required)</i>	
Phone No.: <i>(required)</i>	
Email Address: <i>(required)</i>	
Primary Contact Signature:	

<b>Secondary Contact <i>(optional*)</i></b> <i>* please provide a secondary contact if another person from your agency may provide TCLI data to FSA</i>	
First Name:	
Last Name:	
Title:	
Phone No:	
Email Address:	
Secondary Contact Signature:	