

Requirement

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Warning

In order to prevent data from being overwritten, please disable any autofill functionality that may be active in your browser



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, 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.

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General Inquiry

✓ Requirement

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General Inquiry

For purposes of this form, company/organization refers to an individual or a state, or a private, profit, or Nonprofit 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? * ⓘ

Update Information

2. What is the legal name of this Company/Organization? * ⓘ

Enter Name

This input is required

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

Enter Number

This input is required

Additional Comment -optional

Enter Comment

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

Enter Number

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

MM/DD/YYYY



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General Inquiry

For purposes of this form, company/organization refers to an individual or a state, or a private, profit, or Nonprofit 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? * 

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.

Update Information

Initial Inquiry

Merger/Acquisition

Withdrawal/Closure

✓ Update Information

2. What is the legal name of this Company/Organization? *

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.

For purposes of this form, company/organization refers to an individual or a state agency, or a private, profit, or Nonprofit 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.

This input is required

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

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.

This input is required

Additional Comment -optional

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

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.

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

Provide the date this company/organization began providing the functions or services identified on this inquiry to institutions of higher education.



Services Provided Screens

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Services Provided

Identify the specific functions or services that this company/organization performs on behalf of Title IV eligible institutions. [🔗](#)
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.

Select + Add New to add a new service provided. To edit information about a previously reported service provided select the [✎](#) Edit Icon.

+ Add New

Main Services	Specific Services	Other Service	Effective Date	End Date
Deliver Title IV credit ...	All specific servi...		6/16/2016	✎
Additional credit bala...	All specific servi...		6/16/2016	✎
Other		Other	1/27/2025	✎ 🗑

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Edit Screens

Main Services	Specific Services	Other Service	Effective Date	End Date
Deliver Title IV credit ...	All specific servi...		6/16/2016	

Edit 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 [Edit 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 *

All specific services for this main service ▼

Data Information

Effective Date * 

6/16/2016 

End Date -optional 

MM/DD/YYYY 

Cancel

Edit Service

Add New Screens

+ Add New

Main Services	Specific Services	Other Service	Effective Date	End Date
Deliver Title IV credit ...	All specific servi...		6/16/2016	
Additional credit bala...	All specific servi...		6/16/2016	
Other		Other	1/27/2025	

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.

Main Service *

Select▼

Specific Service -optional

Select▼

Data Information

Effective Date *

When using the calendar selection, select year first then month and day; or enter mm/dd/yyyy

MM/DD/YYYY

Cancel

Add Service

Software System(s) Screens

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Software System(s)

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

Integrated Postsecondary Education Data System (IPEDS), Partner Connect v

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? * [\[i\]](#)

☒ 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? * [\[i\]](#)

☒ 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? *

Internal software system owned or created by this company/organization v

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Question 7 – Field Values

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

Integrated Postsecondary Education Data System (IPEDS), Partner Connect



- ☐ 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

Question 8 & 9

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? * [U](#)

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.

☒ 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? * [U](#)

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.

☒ Yes

☐ No

Question 10 – Field Values

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

Internal software system owned or created by this company/organization

✓ 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

Software System(s) Screens

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Software System(s)

Provide the name of the software system utilized, the name of the company that provides the software system, as well as the address, phone number, website, and start/end date for the software provider(s). 

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

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

+ Add New

Software System	Software Company	Website	Effective Date	End Date
No Software System Added				

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Add New or Edit Screens

Add New Software System(s)

Name of Software System *

Name of Software Company *

Provide the software company's address information

Address Information

Country *

Business Address 1 *

Business Address 2 -*optional*

City *

State/Territory *

ZIP Code *

+4-*optional*

Contact Information

Telephone Number *

Ext -*optional*

Fax Number -*optional*

Ext -*optional*

Website -*optional*

Date Information

11. Effective Date * 

MM/DD/YYYY



12. End Date -optional 

MM/DD/YYYY



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

Select



14. Is this system maintained in a cloud environment? *

☐ Yes

☐ No

Demographic Inquiry

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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 *

Enter Name

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

- ☒ Yes
☐ No

Former Company/Organization Name *

Enter Name

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

Enter Name

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

MM/DD/YYYY



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

Enter URL

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Contact Inquiry

Individual Completing Form

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Individual Completing Form

✓ Highest-Ranking Officer

✓ Primary Contact

✓ Secondary Contact

✓ E&O Administrator

Alternate E&O Administrator

✓ Servicer Structure

✓ Ownership Inquiry

Individual Completing Form

Identify the individual completing this form.

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

+ Add New

Individual Name	Role	Job Title	Role Effective Date	Role End Date
> Mrs Suzanne NMN Fiore	Application Administrator	Director of Compliance - Compliance Counsel	1/8/2025	

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Edit Individual Completing Form

1. Who is completing this form?

Personal Information

Provide your full legal name.

Prefix - optional

Mrs

First Name *

Suzanne

Middle Name *

NMN

Last Name *

Fiore

Suffix - optional

Enter Name

Job Title *

Director of Compliance - Compliance Counsel

Address Information

Country *

United States ▼

Business Address 1 *

800 Eagle Bend Drive

Business Address 2 -optional

Enter Address

City *

Stevensville

State/Territory *

Maryland ▼

ZIP Code *

99182

+4 -optional

Enter Number

Contact Information

Email Address *

fsa_ppouat@ed.gov

Telephone Number *

+

1

776-777-6235

Ext -optional

Enter

Fax Number -optional

+

1

776-777-6235

Ext -optional

Enter

Cancel

Next

Provide the following information.

Address Information

Country *

United States ▼

Home Address 1 *

800 Eagle Bend Drive

Home Address 2 -optional

Enter Address

City *

Stevensville

State/Territory *

Alaska ▼

ZIP Code *

99182

+4 -optional

Enter Number

Contact Information

Personal E-mail Address *

fsa_ppouat@ed.gov

Personal Telephone Number *

Ext -optional

+ 1 123-467-8954 Enter

Contact Information

Personal E-mail Address *

fsa_ppouat@ed.gov

Personal Telephone Number *

Ext -optional

+ 1 123-467-8954 Enter

Date Information

Effective Date * 

1/8/2025 

End Date -optional 

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Edit Contact

Highest-Ranking Officer Screens

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Highest-Ranking Officer

Identify your Highest-Ranking Officer.

Select + Add New to add a new Highest-Ranking Officer at your company/organization. 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
> Mrs Luvleen NMN Sidhu	CEO/COO/President	CEO-Chairman	1/8/2025	

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Edit Highest-Ranking Officer

2. Who is the highest-ranking officer (CEO/COO/President) of this company/organization?

Personal Information

Provide your full legal name.

Prefix -optional

Mrs

First Name *

Luvleen

Middle Name * 

NMN

Last Name *

Sidhu

Suffix -optional

Enter Name

Job Title *

CEO-Chairman

Address Information

Country *

United States ▼

Business Address 1 *

King of Prussia Road

Business Address 2 -optional

Enter Address

City *

Radnor

State/Territory *

Pennsylvania ▼

ZIP Code *

19087

+4 -optional

Enter Number

Contact Information

Email Address *

fsappo-test@ed.gov

Telephone Number *

+

1

203-776-7776

Ext -optional

Enter

Fax Number -optional

+

1

203-776-7775

Ext -optional

Enter

Cancel

Next

Edit Highest-Ranking Officer

Provide the home address and personal contact information of the highest-ranking officer. [🔗](#)

Address Information

Country *

United States ▼

Home Address 1 *

King of Prussia Road

Home Address 2 -optional

Enter Address

City *

Radnor

State/Territory *

Pennsylvania ▼

ZIP Code *

19087

+4 -optional

Enter Number

Contact Information

Personal E-mail Address *

fsa_ppouat@ed.gov

Personal Telephone Number *

+

1

203-776-7776

Ext -optional

Enter

Date Information

Effective Date * [🔗](#)

1/8/2025



End Date -optional [🔗](#)

MM/DD/YYYY



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Edit Contact

Primary Contact Screens

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- Primary Contact
- ✓

Secondary Contact
- ✓

E&O Administrator
- Alternate E&O Administrator
- ✓

Servicer Structure
- ✓

Ownership Inquiry

Primary Contact

Identify your primary contact.

Select + Add New to add a new primary contact at your company/organization. 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
> Mrs Suzanne NMN Fiore	Primary Contact	Director of Compliance - Compliance Counsel	1/8/2025	

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Edit Primary Contact

3. Who is the primary contact of this company/organization?

✓

If this person is the same as one of the individuals entered in a separate question, select role from the list provided. If this is a new person, please provide the information requested below. -optional

Select Individual *

In order to update this contact, you must navigate to the earliest instance of it in the Webform.

Suzanne Fiore - Individual Completing Form

▼

Personal Information

Provide your full legal name.

Prefix -optional

Mrs

First Name *

Suzanne

Middle Name * 

NMN

Last Name *

Fiore

Suffix -optional

Enter Name

Job Title *

Director of Compliance-Compliance Counsel

Address Information

Country *

United States

Business Address 1 *

800 Eagle Bend Drive

Business Address 2 -optional

Enter Address

City *

Stevensville

State/Territory *

Maryland

ZIP Code *

99182

+4 -optional

Enter Number

Contact Information

Email Address *

fsa_ppouat@ed.gov

Telephone Number *

+

1

776-777-6235

Ext -optional

Enter

Fax Number -optional

+

1

776-777-6235

Ext -optional

Enter

Cancel

Next

Edit Primary Contact

Provide the home address and contact information for the primary contact. [U](#)

This information is required for FSA to reach contacts during an emergency such as flood, hurricane, wildfire, data breach, etc.

Address Information

Country *

United States

Home Address 1 *

800 Eagle Bend Drive

Home Address 2 -optional

Enter Address

City *

Stevensville

State/Territory *

Alaska

ZIP Code *

99182

+4 -optional

Enter Number

Contact Information

Personal E-mail Address *

fsa_ppouat@ed.gov

Personal Telephone Number *

Ext-*optional*

+

1

123-467-8954

Enter

Date Information

Effective Date * 

1/8/2025



End Date -*optional* 

MM/DD/YYYY



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Edit Contact

Secondary Contact Screens

1 Requirement

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Individual Completing Form

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Alternate E&O Administrator

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Secondary Contact

Identify your secondary contact.

Select + Add New to add a new secondary contact at your company/organization. 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
> Ms Katti NMN Kennedy	Secondary Contact	Senior Vice President Client Operations	1/8/2025	

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Edit Secondary Contact

4. Who is the secondary contact of this company/organization?

Personal Information

Provide your full legal name.

Prefix -optional

Ms

First Name *

Katti

Middle Name *

NMN

Last Name *

Kennedy

Suffix -optional

Enter Name

Job Title *

Senior Vice President Client Operations

Address Information

Country *

United States

Business Address 1 *

123 Null Ave

Business Address 2 -optional

Enter Address

City *

Null

State/Territory *

Florida

ZIP Code *

33612

+4 -optional

Enter Number

Contact Information

Email Address *

fsa_ppouat@ed.gov

Telephone Number *

+

203

776-777-6777

Ext -optional

Enter

Fax Number -optional

+

000-000-0000

Ext -optional

Enter

Cancel

Next

Edit Secondary Contact

Provide the home address and contact information for the secondary contact. [\[i\]](#)

Address Information

Country *

United States ▼

Home Address 1 *

123 Null Ave

Home Address 2 -optional

Enter Address

City *

Null

State/Territory *

Florida ▼

ZIP Code *

33612

+4 -optional

Enter Number

Contact Information

Personal E-mail Address *

fsa_ppouat@ed.gov

Personal Telephone Number *

+

1

888-888-8888

Ext -optional

Enter

Date Information

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

1/8/2025



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

MM/DD/YYYY



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Edit Contact

Eligibility & Oversight Administrator Screens

Eligibility and Oversight Administrator

Identify your Eligibility and Oversight Administrator

Select + **Add New** to add a new Eligibility and Oversight Administrator at your company/organization. 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
> Mrs Luvleen NMN Sidhu	E&O Administrator	CEO-Chairman	1/8/2025	

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Edit Eligibility and Oversight Administrator

5. Who is the Eligibility & Oversight Administrator for this company/organization? 

Eligibility and Oversight Administrators create users and grant access to Partner Connect features on behalf of the institution or company/organization they work for.

- ☒ If this person is the same as one of the individuals entered in a separate question, select role from the list provided. If this is a new person, please provide the information requested below. *-optional*

Select Individual *

In order to update this contact, you must navigate to the earliest instance of it in the Webform.

Luvleen Sidhu - Highest-Ranking Officer

Personal Information

Provide the full legal name.

Prefix -optional

Mrs

First Name *

Luvleen

Middle Name * 

NMN

Last Name *

Sidhu

Suffix -optional

Enter Name

Job Title *

CEO-Chairman

Address Information

Country *

United States

Business Address 1 *

King of Prussia Road

Business Address 2 -optional

Enter Address

City *

Radnor

State/Territory *

Pennsylvania

ZIP Code *

19087

+4 -optional

Enter Number

Contact Information

Email Address *

fsappo-test@ed.gov

Telephone Number *

+ 1 203-776-7776

Ext -optional

Enter

Fax Number -optional

+ 1 203-776-7775

Ext -optional

Enter

Effective Date * 

1/8/2025 

End Date -optional 

MM/DD/YYYY 

Cancel

Edit Contact

Eligibility and Oversight Administrator – Alternate Screens

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 company/organization. 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
> Mrs Suzanne NMN Fiore	Alternate E&O Administrator	Director of Compliance - Compliance Counsel	1/8/2025	

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Edit Alternate Eligibility and Oversight Administrator

6. Who is the Alternate Eligibility & Oversight Administrator for this company/organization?

- ☒ If this person is the same as one of the individuals entered in a separate question, select role from the list provided. If this is a new person, please provide the information requested below. *-optional*

Select Individual *

In order to update this contact, you must navigate to the earliest instance of it in the Webform.

Suzanne Fiore - Individual Completing Form

Personal Information

Provide the full legal name.

Prefix -optional

Mrs

First Name *

Suzanne

Middle Name * 

NMN

Last Name *

Fiore

Suffix -optional

Enter Name

Job Title *

Director of Compliance -Compliance Counsel

Address Information

Country *

United States

Business Address 1 *

800 Eagle Bend Drive

Business Address 2 -optional

Enter Address

City *

Stevensville

State/Territory *

Maryland

ZIP Code *

99182

+4 -optional

Enter Number

Contact Information

Email Address *

fsa_ppouat@ed.gov

Telephone Number *

+

1

776-777-6235

Ext -optional

Enter

Fax Number -optional

+

1

776-777-6235

Ext -optional

Enter

Effective Date * 

1/8/2025



End Date -optional 

MM/DD/YYYY



Cancel

Edit Contact

Servicer Structure

Servicer Structure

1. What is the IRS Designation of this company/organization? *

Public

2. Select the ownership type for this company/organization. *

Corporation (Publicly-traded)

3a. Identify the country in which this company/organization is incorporated/organized. *

United States

3b. Identify the state in which this company/organization is incorporated: *

Delaware

Date Incorporated/Organized * 

1/4/2021



4. If you selected Publicly Traded Corporation above, provide the stock exchange trading symbol: *

BMTX

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

Select

First Name *

Jeffrey

Middle Name * 

NMN

Last Name *

Edwards

Suffix -optional

Enter Name

Job Title *

Director of Operations

Address Information

Country *

United States ▼

Business Address 1 *

800 Eagle Bend Drive

Business Address 2 -optional

Enter Address

City *

Charlotte

State/Territory *

Massachusetts ▼

ZIP Code *

28994

+4 -optional

Enter Number

Contact Information

Email Address *

fsa_ppouat@ed.gov

Telephone Number *

+ 1 123-467-8954 Enter

Ext -optional

Fax Number -optional

+ 000-000-0000 Enter

Ext -optional

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

 Upload Files

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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

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Related Party Information - Institutions of Higher Education/Entities Owned

Select + Add New to add a new institution of higher education owned. To edit information about a previously reported institution of higher education owned select the Edit Icon.

+ Add New

OPEID	Institution Name	% Owned	Effective Date	End Date
No Institution of Higher Education Owned Added				

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Client Inquiry

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 a new owner. To edit information about a previously reported owner select the  Edit icon.

[+ Add New](#)

Owner Name	Owner Type	Person vs. Entity	% Owned	Effective Date	End Date
Richard NMN R...	Sole proprietors...	Person	100	01/01/2025	

Ownership Information Screen

Edit - 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). *

Sole proprietorship (Individual Owner)

3. Percentage of Ownership *

100

%

4. Ownership Effective Date * 

1/1/2025



5. Ownership End Date -optional 

MM/DD/YYYY



Previous

Cancel

Next

Question 2 – Field Values

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). *

Sole proprietorship (Individual Owner) ▼

✓ Sole proprietorship (Individual Owner)

Shareholder/Member/Partner

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)

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). *

Sole proprietorship (Individual Owner) ▼

Limited liability partnership (nonprofit)

Limited liability limited partnership (for profit)

Limited liability limited partnership (nonprofit)

General partnership (for profit)

General partnership (nonprofit)

Trust (Irrevocable)

Trust (Irrevocable nonprofit)

Trust (Revocable)

Foreign Entity

Other

Question 4 & 5

4. Ownership Effective Date *

When using the calendar selection, select year first then month and day; or enter mm/dd/yyyy



5. Ownership End Date -optional

When using the calendar selection, select year first then month and day; or enter mm/dd/yyyy



Person Owner Information Screens

Edit - Person Owner



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 the person from the list provided. If this is a new person, please provide the information requested below. *-optional*

Personal Information

Prefix *-optional*

Select ▼

First Name *

Richard

Middle Name * 

NMN

Last Name *

Rich

Suffix *-optional*

Enter Name

Job Title *

Founder

Address Information

Country *

United States

Business Address 1 *

558 Business Lane

Business Address 2 -optional

Enter Address

City *

New Haven

State/Territory *

Arizona

ZIP Code *

42422

+4 -optional

Enter Number

Contact Information

Email Address *

contact@email.com

Telephone Number *

+

1

123-456-4789

Ext -optional

Enter

Fax Number -optional

+

1

123-456-7890

Ext -optional

Enter

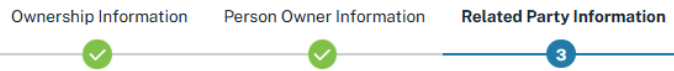
Previous

Cancel

Next

Related Party Information - Institution of Higher Education or Entity Owned

Related Party Information - Institution of Higher Education or Entity Owned



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

- ☐ Yes
- ☒ No

Previous

Cancel

Next

Provide information for each institution that is owned.

Select + **Add New** to add a new institution. To edit information about a previously reported institution select the  Edit icon.

+ Add New

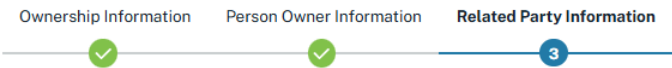
OPEID	Institution Name	% Owned	Effective Date	End Date
No Institution Added				

Previous

Cancel

Next

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



Provide the name of the institution that is or was owned

If Institution was not found, enter institution name here *

OPEID of Institution Provided *

Related Party Information – Third-Party Servicer Owned Screens

Related Party Information - Third-Party Servicer Owned

Ownership Information



Person Owner Information



Related Party Information

3

8. 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

Previous

Cancel

Edit Person Owner

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

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

+ Add New

Third-Party Servicer Name	% Owned	Effective Date	End Date
No Third-Party Servicer Added			

Previous

Cancel

Edit Person Owner

Add New Related Party Information - Third-Party Servicer Owned

Ownership Information



Person Owner Information



Related Party Information

3

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

 Search Name

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



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 Address 1 *

Enter Address

Business Address 2 -optional

Enter Address

City *

Enter City

State/Territory *

Select

ZIP Code *

+4 -optional

Enter Number

Enter Number

Contact Information

Email Address *

Enter Address

Telephone Number *

Ext -optional

+

1

000-000-0000

Enter

Fax Number -optional

Ext -optional

+

000-000-0000

Enter

Date Information

TPS Owned Effective Date * 

MM/DD/YYYY



Cancel

Add Related Party

Location Inquiry

Location Inquiry

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

Address Information

Country *

United States ▼

Business Address 1 *

115 Munson Street

Business Address 2 -optional

Enter Address

City *

New Haven

State/Territory *

Connecticut ▼

ZIP Code *

+4 -optional

65110

0000

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

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

Previous

 Save Draft

Next

Additional Locations Screens

Location Inquiry

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

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

+ Add New

▼ Street Address	Location Purpose	Effective Date	End Date
No Location Added			

Previous

 Save Draft

Next

Location Address Information Screens

Add New Location Inquiry

Location Address Information

Primary Contact Information

Location Services Provided

1

2

3

Provide the following information for this location.

Location Purpose *

Select

Address Information

Country *

United States

Business Address 1 *

Enter Address

Business Address 2 -optional

Enter Address

City *

Enter City

State/Territory *

Select

ZIP Code *

Enter Number

+4 -optional

Enter Number

Date Information

Effective Date * 

2/25/2025



End Date -optional 

MM/DD/YYYY



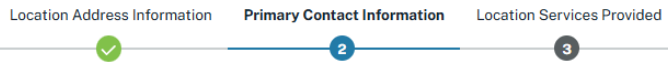
Previous

Cancel

Next

Primary Contact Information Screens

Add New Location Inquiry



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

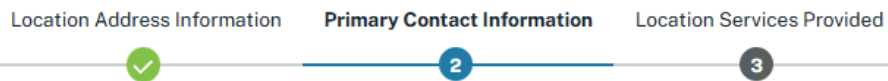
✓ Primary Contact Name	Role	Job Title	Role Effective Date	Role End Date
No Primary Contact Added				

Previous

Cancel

Next

Add New Primary Contact



- ☐ 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. *-optional*

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 Address 1 *

Business Address 2 -*optional*

City *

State/Territory *

ZIP Code *

+4 -*optional*

Contact Information

Email Address *

Enter Address

Telephone Number *

+ 1

000-000-0000

Ext -optional

Enter

Fax Number -optional

+

000-000-0000

Ext -optional

Enter

Date Information

Effective Date * 

MM/DD/YYYY 

Cancel

Add Contact

Location Services Provided Screens

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 information about a previously reported service provided select the  **Edit** icon.

+ Add New

Main Services	Specific Services	Effective Date	End Date
No Services Provided Added			

Previous

Cancel

Add Location

Add New Services

Location Address Information

Primary Contact Information

Location Services Provided



3

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.

Main Service *

Select

Specific Service -optional

Select

Data Information

Effective Date * 

MM/DD/YYYY



Cancel

Add Service

Client Inquiry

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.

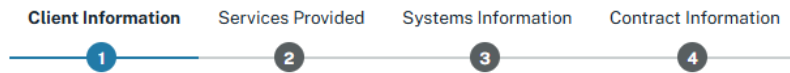
Select + Add New to add a new client. To edit information about a previously reported client select the  Edit Icon.

[+ Add New](#)

▼ OPEID	Institution Name	Effective Date	End Date
---------	------------------	----------------	----------

Client Information Screen

Add New Client



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. *

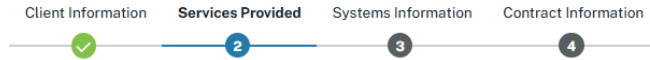
OPEID of Institution *

Cancel

Next

Services Provided Screens

Edit Client - Services Provided



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. To edit information about a previously reported service select the Edit icon.

+ Add New

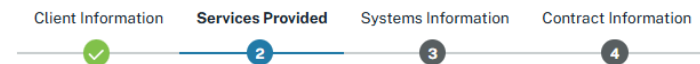
Main Services	Specific Services	Effective Date	End Date
No Services Added			

Previous

Cancel

Next

Edit Client - Services Provided



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.

Main Service *

Select

Specific Service -optional

Select

Data Information

Effective Date *

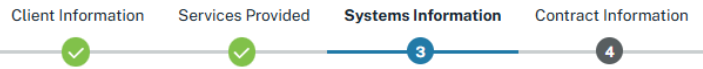
MM/DD/YYYY

Cancel

Add Service

Systems Information Screens

Edit Client - Systems Information



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

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

Previous

Cancel

Next

Contact Information Screens

Edit Client - Contract Information

Client Information

Services Provided

Systems Information

Contract Information

Contract Information

Contract Effective Date * 

6/20/2016



Contract End Date -optional 

MM/DD/YYYY



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

 Upload Files

Previous

Cancel

Edit Client

Subcontractors/Affiliates Inquiry

Subcontractors/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](#)

If you answer Yes to the question above, the following screens display:

Subcontractors/Affiliates

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

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

[+ Add New](#)

Subcontractor/ ▼ Affiliate Legal Name	Services Provided	Contract Effective Date	Contract End Date
No Subcontractor/Affiliate Added			

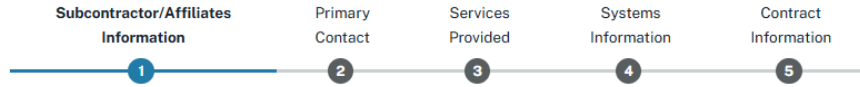
[Previous](#)

 Save Draft

[Next](#)

Subcontractor/Affiliate Information Screens

Add New Subcontractors/Affiliates - Subcontractor/Affiliates Information



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. *

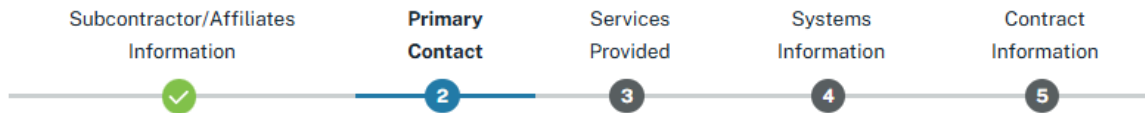
4. Provide the Website of the company/organization that this company/organization subcontracts with. * [🌐](#)

Cancel

Next

Primary Contact Screens

Add New Subcontractors/Affiliates - Primary Contact



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

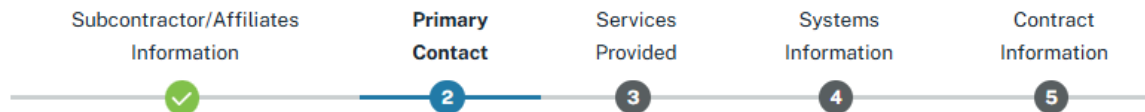
▼ Primary Contact Name	Role	Job Title	Role Effective Date	Role End Date
No Primary Contact Added				

Previous

Cancel

Next

Add New Primary Contact



5. Provide the contact and address information for the primary contact for this subcontractor/affiliate.

- ☐ 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. -optional

Personal Information

Prefix -optional

Select▼

First Name *

Enter Name

Middle Name * 

Enter Name

Last Name *

Enter Name

Suffix -optional

Enter Name

Job Title *

Enter Job Title

Primary Contact Address

Address Information

Country *

United States

▼

Business Address 1 *

Enter Address

Business Address 2 -optional

Enter Address

City *

Enter City

State/Territory *

Select

▼

ZIP Code *

+4 -optional

Enter Number

Enter Number

Contact Information

Email Address *

Enter Address

Telephone Number *

Ext -optional

+

1

000-000-0000

Enter

Fax Number -optional

Ext -optional

+

000-000-0000

Enter

Date Information

Effective Date * 

MM/DD/YYYY



Cancel

Add Contact

Services Provided Screens

Add New Subcontractors/Affiliates - Services Provided

Subcontractor/Affiliates
Information



Primary
Contact



**Services
Provided**

3

Systems
Information

4

Contract
Information

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 information about a previously reported service provided select the  Edit Icon.

+ Add New

Main Services

Specific Services

Effective Date

End Date

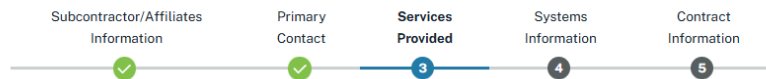
No Services Provided Added

Previous

Cancel

Next

Add New Subcontractors/Affiliates - Services Provided



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.

Main Service *

Specific Service -optional

Data Information

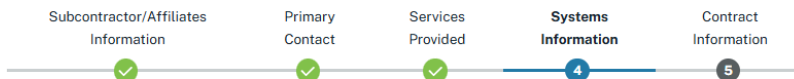
Effective Date * 

Cancel

Add Service

Systems Information Screen

Add New Subcontractors/Affiliates - Systems Information



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. *

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

Previous

Cancel

Next

Contract Information Screen

Add New Subcontractors/Affiliates - Contract Information

Subcontractor/Affiliates Information

Primary Contact

Services Provided

Systems Information

Contract Information

✓

✓

✓

✓

5

Provide the following contract information for this subcontractor/affiliate.

Contract Information

10. Subcontractor/Affiliate Effective Date * 

MM/DD/YYYY



11. Subcontractor/Affiliate End Date -optional 

MM/DD/YYYY



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

 Upload Files

Previous

Cancel

Add Subcontractor/Affiliate

Withdrawal Inquiry

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.

MM/DD/YYYY 

2. What is the reason for your withdrawal from providing Title IV services? 

Select Reason 

Previous

 Save Draft

Next

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.

 Search

If the company/organization cannot be found in the search, provide the name of the company/organization.

Enter Name

TPS ID

00000000

Country

Select 

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

Effective Date of Merger/Acquisition:

MM/DD/YYYY 

Previous

 Save Draft

Next

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

Select Prefix ▼

First Name 

Enter Name

Middle Name 

Enter Name

Last Name

Enter Name

Suffix - optional

Enter Name

Job Title

Enter Title

New Owner 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

New Owner 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

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. [\[1\]](#)

Please upload documentation to support this transaction.

 Upload Files

Comments:

Enter comments here

Previous

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Next

Upload Documents

Upload Documents

You must upload the documents listed below (if applicable) in order to successfully submit your form. The following documents are additional to the ones uploaded in the section details prior. The additional documents, once uploaded, will display in the table below.

To provide a new document, select "Upload New." 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.

- 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
No Files Added						

Submit TPS Inquiry Form Screens

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

☐ Check here if it is the same person as a Person Owner reported for the company/organization. -optional

Prefix -optional

Select

First Name *

David

Middle Name * 

NMN

Last Name *

White

Suffix -optional

Enter Name

Job Title *

CEO

Address Information

Country *

United States

Business Address 1 *

123 Main Street

Business Address 2 -optional

Enter Address

City *

Tampa

State/Territory *

Florida

ZIP Code *

33612

+4 -optional

Enter Number

Contact Information

Email Address *

fsa_ppouat@ed.gov

Telephone Number *

+

1

888-888-8888

Ext -optional

Enter

Fax Number -optional

+

000-000-0000

Ext -optional

Enter

Previous

 Save Draft

Next

Submit TPS Inquiry Form For Signature - Authorized Signature Authority

Provide the following personal information for this authorized signature authority. 

Address Information

Country *

United States

Home Address 1 *

123 Main Street

Home Address 2 -optional

Enter Address

City *

Tampa

State/Territory *

Florida

ZIP Code *

33612

+4 -optional

Enter Number

Contact Information

Personal Email Address *

fsa_ppouat@ed.gov

Personal Telephone Number *

+ 1

888-888-8888

Ext -optional

Enter

Date Information

Effective Date * 

1/30/2025 

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Delegated Authority Screens

Submit TPS Inquiry Form For Signature - Authorized Signature Authority

☒ Check here if your authorized signature authority is not available to sign this inquiry and provide an explanation below. *-optional*

Explain why: *

Test

Add contact information for the delegated authority who may sign on behalf of the authorized signature authority. [🔗](#)

Prefix *-optional*

Select

First Name *

Sean

Middle Name * [🔗](#)

NMN

Last Name *

Tester

Suffix *-optional*

Enter Name

Job Title *

QA

Address Information

Country *

United States

Business Address 1 *

444 Test Drive

Business Address 2 -optional

Enter Address

City *

Austin

State/Territory *

Texas

ZIP Code *

76847

+4 -optional

Enter Number

Contact Information

Email Address *

sean.castillo@afs.com

Telephone Number *

+

1

111-111-1111

Ext -optional

Enter

Fax Number -optional

+

000-000-0000

Ext -optional

Enter

Previous

 Save Draft

Next

Certification Screen

- ✓ Demographic Inquiry ✓
- 4 Contact Inquiry ✓
- ✓ Servicer Structure
- ✓ Ownership Inquiry
- ✓ Location Inquiry
- ✓ Client Inquiry
- ✓ Subcontractor/Affiliates Inquiry
- 10 Upload Documents
- ✓ Submit TPS Inquiry Form
- 12 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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