

Requirement

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Warning

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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

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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? * [🔗](#)

2. What is the legal name of this Company/Organization? * [🔗](#)

This input is required

3. What is the EIN/TIN of this company/organization? * [🔗](#)

This input is required

Additional Comment -optional

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

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


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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.

Enter Name

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.

Enter Number

This input is required


Additional Comment -optional

Enter Comment

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.

Enter Number

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.

MM/DD/YYYY




Services Provided Screens

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- Subcontractor/Affiliates





Services Provided

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

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 *

Specific Service -optional

Data Information

Effective Date *

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

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

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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 * 

12. End Date -optional 

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

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

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 *

Business Address 1 *

Business Address 2 -optional

City *

State/Territory *

ZIP Code *

+4 -optional

Contact Information

Email Address *

Telephone Number *

Ext -optional

Fax Number -optional

Ext -optional

Cancel

Next

Provide the following information.

Address Information

Country *

Home Address 1 *

Home Address 2 -optional

City *

State/Territory *

ZIP Code *

+4 -optional

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

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 *

Telephone Number *

Ext -optional

Fax Number -optional

Ext -optional

Cancel

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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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Primary Contact Screens

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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

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Edit Primary Contact

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

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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Secondary Contact Screens


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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 *

Business Address 1 *

Business Address 2 -optional

City *

State/Territory *

ZIP Code *

+4 -optional

Contact Information

Email Address *

Telephone Number *

Ext -optional

Fax Number -optional

Ext -optional

Cancel

Next

Edit Secondary Contact

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

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 *

Ext -optional

+ 1 888-888-8888 Enter

Date Information

Effective Date * [🔗](#)

1/8/2025

End Date -optional [🔗](#)

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

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 *

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

Ext -optional

Enter

Fax Number -optional

+ 000-000-0000

Ext -optional

Enter

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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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	

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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 

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Question 4 & 5


4. Ownership Effective Date * 

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

1/1/2025 

5. Ownership End Date -optional 

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

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*

First Name *

Middle Name * 

Last Name *

Suffix *-optional*

Job Title *

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

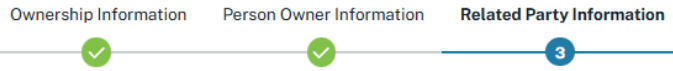
Previous

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.

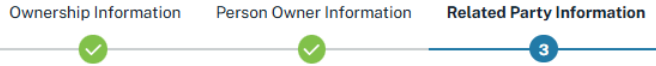
Select + **Add New** to add a new institution. To edit information about a previously reported institution select the  Edit icon.

[+ 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 *

Previous

Cancel

Next

Related Party Information – Third-Party Servicer Owned Screens

Related Party Information - Third-Party Servicer Owned

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

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

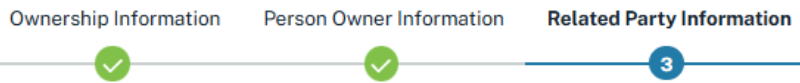
Third-Party Servicer Name	% Owned	Effective Date	End Date
No Third-Party Servicer Added			

Previous

Cancel

Edit Person Owner

Add New Related Party Information - Third-Party Servicer Owned



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

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

Percentage of Ownership *

 %

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

Personal Information

Prefix -optional

First Name *

Middle Name * 

Last Name *

Suffix -optional

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 *

Enter Number

+4 -optional

Enter Number

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

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

Address Information

Country *

Business Address 1 *

Business Address 2 -optional

City *


State/Territory *

ZIP Code *

+4 -optional

Date Information

Effective Date * 

End Date -optional 

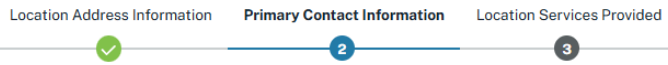
Previous

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

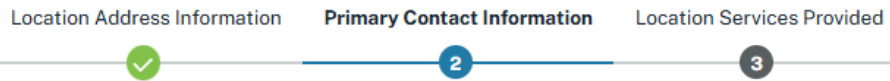
Primary Contact Name	Role	Job Title	Role Effective Date	Role End Date
No Primary Contact Added				

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 *

Telephone Number * Ext -optional
 +

Fax Number -optional Ext -optional
 +

Date Information

Effective Date *

Location Services Provided Screens

Services Provided

Location Address Information Primary Contact Information **Location Services Provided**

✓ ✓ 3

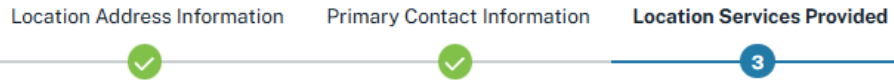
Identify the specific functions or services that this company/organization performs on behalf of Title IV eligible institutions at this location. The services listed here are populated from the services that were selected in the General Inquiry section. If additional services are missing from this list,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

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 *

Specific Service -optional

Data Information

Effective Date * 


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

Client Information Services Provided Systems Information Contract Information

1 2 3 4

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

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

OPEID of Institution *

Cancel


Next

Services Provided Screens

Edit Client - Services Provided

Client Information **Services Provided** Systems Information Contract Information

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			

Edit Client - Services Provided

Client Information **Services Provided** Systems Information Contract Information

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

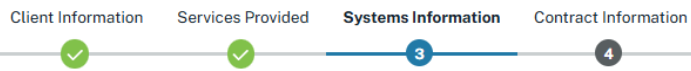
Data Information

Effective Date * 

MM/DD/YYYY 

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

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Contact Information Screens


Edit Client - Contract Information


Client Information Services Provided Systems Information **Contract Information**


✓ ✓ ✓ 4

Contract Information


Contract Effective Date * 

Contract End Date -optional 

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

 Upload Files

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

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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

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Subcontractor/Affiliate Information Screens

Add New Subcontractors/Affiliates - Subcontractor/Affiliates Information

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

1 2 3 4 5

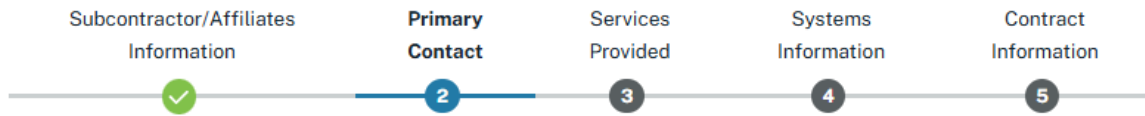
2. Provide the legal name of the company/organization or individual that this company/organization subcontracts with. *

3. Provide the trade name or D/B/A of the company/organization that this company/organization subcontracts with. *

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

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

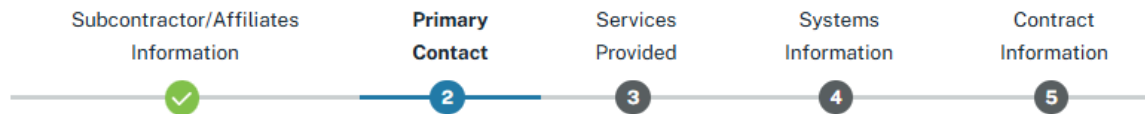
Primary Contact Name	Role	Job Title	Role Effective Date	Role End Date
No Primary Contact Added				

Previous

Cancel

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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

First Name *

Middle Name * 

Last Name *

Suffix -optional

Job Title *

Primary Contact Address

Address Information

Country *

Business Address 1 *

Business Address 2 -optional

City *

State/Territory *

ZIP Code *

+4 -optional

Contact Information

Email Address *

Telephone Number *

Ext -optional

+

Fax Number -optional

Ext -optional

+

Date Information

Effective Date * 

MM/DD/YYYY 

Cancel


Add Contact

Services Provided Screens

Add New Subcontractors/Affiliates - Services Provided



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

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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

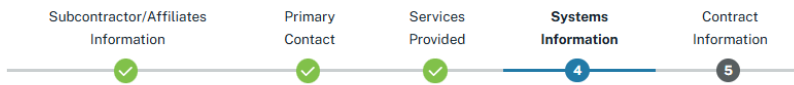
Data Information
Effective Date *

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

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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 * 



11. Subcontractor/Affiliate End Date -optional 



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.

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

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Withdrawal Inquiry

3. You selected Merger/Acquisition as the reason for withdrawal. Provide the name of the third-party servicer that is purchasing this company/organization.

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

TPS ID

Country

Business Street Address 1

Business Street Address 2 - *Optional*

City

State/Territory or Foreign Province

Zip Code

+4 - *optional*

 -

Postal Code

Date Information

Effective Date of Merger/Acquisition:

Previous

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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

First Name [?](#)

Middle Name [?](#)

Last Name

Suffix - optional

Job Title

New Owner Address Information

Country

Business Street Address 1

Business Street Address 2 - optional

City

State/Territory or Foreign Province

Zip Code

+4 optional

 -

Postal Code

New Owner Contact Information

Email Address

Telephone Number [?](#)

Ext. - optional

Fax Number [?](#)

Ext. - optional

International Telephone Number [?](#)

Ext. - optional

International Fax Number

Ext. - optional

Withdrawal Inquiry

4. Please provide a detailed written description of the merger/acquisition or change in ownership that you are reporting for this company/organization. [🔗](#)

Please upload documentation to support this transaction.

 Upload Files

Comments:

Enter comments here

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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 *

Business Address 1 *

Business Address 2 -optional

City *

State/Territory *

ZIP Code *

+4 -optional

Contact Information

Email Address *

Telephone Number *

Ext -optional

Fax Number -optional

Ext -optional

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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

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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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Submit for Signature