Third-Party Servicers Inquiry Questions

Requirement

Text	Field Type	Behavior
A third-party servicer is an entity or individual that administers any aspect of an institution's participation in the Title IV programs, including, but not limited to, services and functions necessary: • For the institution to remain eligible to participate in the Title IV programs, • To determine a student's eligibility for Title IV funds, • To account for Title IV funds, • To deliver Title IV funds to students, or • To perform any other aspect of the administration of the Title IV programs. In making a determination as to whether or not an entity or individual is considered a third-party servicer, the Department looks at each case individually and focuses on the specific service(s) or function(s) being performed at that institution, as opposed to a title that the entity may be using or a generic description of the types of services provided. Servicers often offer multiple versions of a product or service and frequently customize a product or service based on an institution's unique needs. It is possible for an entity to be considered a third-party servicer at one institution and not at another depending on the specific services or functions that the entity performs at each institution. Submission of this inquiry and any supporting documentation is required if you contract with an institution to perform functions or services related to an institution's Title IV eligibility, the eligibility of the institution's academic programs, or a student's Title IV eligibility.	Display Only	N/A

General Inquiry

Number	Text	Field Type	Behavior
1	What is the purpose of this inquiry? <Help Text> Select Initial Inquiry if this is the first time a TPS inquiry is being submitted for this company/organization. Select Merger/Acquisition if this company/organization purchased another third-party servicer that is becoming a part of this company/organization. Select Withdrawal/Closure if this company/organization is being purchased by another third-	Picklist Initial Inquiry, Merger/Acquisition, Withdrawal/Closure, Update Information	Required, Editable Navigation behavior: Clicking "Next" from the General Inquiry subsection, while purpose = Withdrawal/Closure, navigate directly to Section 10

	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.		Clicking "Next" from the General Inquiry subsection, while purpose != Withdrawal/Closure, navigate directly to the next page (Services Provided) Disable/Hide sections based on purpose (Services Provided and Software Systems subsections and Sections 3-9 are hidden/disabled for "Withdrawal/Closure" ////////////////// Section 10 is hidden for any other purposes)
2.	What is the legal name of this company/organization? Help Text: Please provide the legal name of this company/organization. You will provide trade names, d/b/a names, and ownership names in the demographic and ownership sections. For purposes of this form, company/organization refers to an individual or a state agency, or a private, profit, or non-profit organization that enters into a contract or agreement with an eligible institution to administer any aspect of the institution's participation in the Title IV programs.	Text	Required, Editable
3.	What is the EIN/TIN of this company/organization? <Help Text> The 9-digit identification number that the U.S. Internal Revenue Service (IRS) assigned to you for federal tax reporting purposes. If your EIN/TIN has changed, please provide an explanation	Number	Optional, Editable

	in the additional comment box below.		
	Additional Comment	Text	Optional, Editable
4.	What is the Unique Entity Identifier (UEI) of this company/organization? <Help Text> The 12-digit unique alpha-numeric entity identifier assigned to you by the GSA. To request your UEI and register your servicer, please visit www.SAM.gov.	Number	Optional, Editable
5.	When did this company/organization begin conducting business as a third-party servicer on behalf of Title IV, HEA institution(s)? <help text> Provide the date this company/organization began providing the functions or services identified on this inquiry to institutions of higher education.	Required	
6. Start Services Provided Table	Identify the specific functions or services that this company/organization performs on behalf of Title IV eligible institutions. Help Text: 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.	Text	Display Only
	Main Service Provided	Picklist	Required
	Specific Service Provided	Conditional Picklist	Specific picklist values displayed dependent on the main service selected.
	Other: Please describe the service provided.	Text	Required if Main Service = Other
	Effective Date	Date	Required
End Services Provided Table	End Date	Date	Optional Only displayed when inquiry purpose = update
7.	Indicate the Department systems that this company/organization accesses or utilizes to	Multi-Select Picklist	Required

	perform functions on behalf of eligible higher education institutions.	School Eligibility Application (E-APP), Common Origination and Disbursement System (COD), National Student Loan Data System (NSLDS), Central Processing System (CPS), Integrated Postsecondary Education Data System (IPEDS), G5, Partner Connect Other	
8.	Does this company/organization download or receive files containing information downloaded from Department systems to perform functions on behalf of eligible higher education institutions? Help Text: Select yes, if this company/organization has direct access to download information from Department systems and/or receives files downloaded from Department systems from institutions of higher education or other entities.	Picklist (Yes/No)	Required
9.	Does this company/organization have access to information downloaded from Department systems into an eligible higher education institution's system or another entity's system? Help Text: Select yes, if this company/organization has access to institutional systems or another entity's system that contain student information downloaded from CPS, COD, NSLDS, or other Department systems.	Picklist (Yes/No)	Required
10.	How does this company/organization maintain data it downloads from Department systems and/or received from institutions of higher education or other entities?	Picklist Internal software system owned or created by this	Required if 8 or 9 was answered YES

		company/organization, System owned by another company/organization, No data is downloaded or maintained by this company/organization	
11. Start Software System Table	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). <help text> Provide information for all software systems this company/organization utilizes to perform functions or services on behalf of higher education institutions.	Display Only	Conditional; display if: internal software owned or created by company/organization or system owned by another company/organization selected
	Name of Software System	Text	
	Name of Software Company	Text	
	Country	Picklist	Required
	Business Address 1	Text	Required
	Business Address 2	Text	Optional
	City	Text	Required
	State/Territory	Text	Required
	Foreign Province	Text	If Country does NOT contain United States, this field will be required
	ZIP Code	Text	Required
	+4	Text	Optional
	Postal Code	Text	If Country does NOT contain United States, this field will be required
	Telephone Number Help Text:	Number	Required

	Enter numbers only. Do not include special characters (such as parentheses or hyphens).		
	Ext.	Number	Optional
	International Telephone Number Help Text: Enter international phone number to include special characters	Number	Optional
	Ext.	Number	Optional
	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Number	Optional
	Ext.	Number	Optional
	International Fax Number	Number	Optional
	Ext.	Number	Optional
	Website	Text	Optional
11.	Effective Date <help text> Enter the date this company/organization began utilizing this software system.	Date	Required
12.	End Date <help text> Enter the date this company/organization stopped utilizing this software system.	Date	Optional – conditionally displayed when inquiry purpose = update
13.	Is this software system maintained on servers owned and controlled by this company/organization, institutions of higher education, or the software service provider?	Picklist Company/Organization, Institution of Higher Education, Software Provider	Required
14. End Software System Table	Is this system maintained in a cloud environment?	Picklist (Yes/No)	Required

Demographic Inquiry

Number	Text	Field Type	Behavior
1.	You selected merger/acquisition as the purpose of this inquiry. Please provide a detailed written description of the merger/acquisition that you are reporting and upload documentation that supports this transaction. <Help Text> Identify the companies/organizations that are included in this transaction, the effective date of the transaction, the impact this transaction has on locations, employees, access to Department systems, institutional contracts, etc. in the written description provided. Update all applicable sections of this inquiry to reflect the changes that need to be made as a result of this merger/acquisition.	Narrative Box and ability to upload documents	Required if merger/acquisition is selected as inquiry purpose.
1.	Does this company/organization have another name such as a trade name or a D/B/A name, under which the company conducts business? Help text: Please enter all trade names or d/b/a names. The name(s) typed here should not be the same name that you entered as your Legal Name.	Picklist (Yes/No)	Required, Editable
	Trade or D/B/A Name	Text	Conditionally Displayed and Required
2.	Has this company ever operated under different name(s)? If yes, please provide the name(s)	Picklist (Yes/No)	Required
	Former Company/Organization Name	Text	Conditionally Displayed and Required
3.	What name does this company/organization utilize to file its required annual compliance audit?	Text	Required
4.	What is the fiscal year end date for this company/organization?	Date	Required
5.	What is the URL for this company/organization's website? <Help Text> Type in the address of your website. EXAMPLE: www.thirdpartyservicer.com	Website URL	Required

Contact Inquiry

Number	Text	Field Type	Behavior
1 Begin Individual Completing Form Table	Who is completing this form?	Text	Display Only
	If this person is the same as one of the individuals entered in a separate question, select the role from the list provided. If this is a new person, please provide the information requested below.	Checkbox	
	Select individual Help Text: In order to update this contact, you must navigate to the earliest instance the contact was reported in the Webform.	Picklist Individual completing this form Primary Contact Secondary Contact	Required if field above is checked. If box checked, the following questions are not mandatory.
	Prefix	Text	Optional
	First Name Help Text: You must provide the full legal name of this individual.	Text	Required
	Middle Name Help Text: If this individual does not have a middle name, enter NMN	Text	Required
	Last Name	Text	
	Suffix	Text	Optional
	Job Title	Text	Required
	Email Address	Text	Required
	Country	Picklist	Required

	Business Address 1	Text	Required
	Business Address 2		Optional
	City	Text	Required
	State/Territory	Picklist	Required
	Foreign Province	Text	If Country does NOT contain United States, this field will be required
	ZIP Code	Number	Required
	+4	Number	Optional
	Postal Code	Text	If Country does NOT contain United States, this field will be required
	Telephone Number <Help Text> Please input the telephone number in this format: xxx-xxx-xxxx	Number	Required
	Ext.		
	International Telephone Number Help Text: Enter international phone number to include special characters	Number	Optional
	Ext.	Number	Optional
	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Number	Optional
	Ext.	Number	Optional
	International Fax Number	Number	Optional
	Effective Date	Date	Required
	End Date	Date	Optional

End Individual Completing Form	Ext.	Number	Optional
2 Start Highest-Ranking Officer Table	Who is the highest-ranking officer (CEO/COO/President) of this company/organization?	Text	Required
	If this person is the same as one of the individuals entered in a separate question, select the role from the list provided. If this is a new person, please provide the information requested below.	Checkbox	Required
	Select individual Help Text: In order to update this contact, you must navigate to the earliest instance the contact was reported in the Webform.	Picklist Individual completing this form Primary Contact Secondary Contact	Required if field above is checked. If box checked, the following questions are not mandatory.
	Prefix	Text	Optional
	First Name Help Text: You must provide the full legal name of this individual.	Text	Required
	Middle Name Help Text: If this individual does not have a middle name, enter NMN	Text	Required
	Last Name	Text	
	Suffix	Text	Optional
	Job Title	Text	Required
	Email Address	Text	Required

	Country	Picklist	
	Business Address 1	Text	Visible USA is Chosen
	Business Address 2	Text	Visible when Country Other than USA is Chosen
	City	Text	Visible when Country Other than USA is Chosen
	State/Territory	Picklist	
	Foreign Province	Text	Visible when USA is Chosen
	ZIP Code	Number (XXXXX)	Visible when Country Other than USA is Chosen
	+ 4	Number (XXXX)	
	Postal Code	Alpha-Numeric	Visible when Country Other than USA is Chosen
	Telephone Number (include Area Code)	Phone	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Visible when Country Other than USA is Chosen
	Ext.	Number	
	Fax Number (include Area Code)	Phone	Visible when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Visible when Country Other than USA is Chosen

	Ext.	Number	
	Provide the home address and personal contact information of the highest-ranking officer. Help Text: This information is required for FSA to reach contacts during an emergency such as flood, hurricane, wildfire, data breach, etc.	Text	Display Only
	Country	Picklist	Required
	Home Address 1	Text	Required
	Home Address 2	Text	Required
	City	Text	Required
	State/Territory	Text	Required
	Foreign Province	Text	Visible when entering a person owner when Country Other than USA is Chosen
	ZIP Code	Number	Required
	+4	Number	Optional
	Postal Code	Alpha-Numeric	Visible when entering a person owner when Country Other than USA is Chosen
	Personal Email Address	Text	Required
	Personal Telephone Number <Help Text> Please input the telephone number in this format: xxx-xxx-xxxx	Number	Required
	Ext.	Number	
	Personal International Telephone Number	Number	
	Ext.	Number	
	Personal Fax Number	Number	Optional
	Effective Date	Date	Required
End	End Date	Date	Optional

Highest-Ranking Officer Table			
3 Start Primary Contact Table	Who is the primary contact of this company/organization?	Label	Display Only
	If this person is the same as one of the individuals entered in a separate question, select the role from the list provided. If this is a new person, please provide the information requested below. <Add Help Text> The primary contact cannot be the same person as the highest-ranking official.	Checkbox	Required
	Select individual Help Text: In order to update this contact, you must navigate to the earliest instance the contact was reported in the Webform.	Picklist Primary Contact Secondary Contact Individual completing this form Highest-Ranking Officer	Required if field above is checked. If box checked, the following questions are not mandatory.
	Prefix	Text	Optional, Editable
	First Name Help Text: You must provide the full legal name of this individual	Text	Required, Editable
	Middle Name Help Text: If this individual does not have a middle name, enter NMN	Text	Required, Editable
	Last Name	Text	Required, Editable

	Suffix	Text	Optional, Editable
	Job Title	Text	Required, Editable
	Email Address	Text	Required
	Country	Picklist	
	Business Address 1	Text	Visible USA is Chosen
	Business Address 2	Text	Visible when Country Other than USA is Chosen
	City	Text	Visible when Country Other than USA is Chosen
	State/Territory	Picklist	
	Foreign Province	Text	Visible when USA is Chosen
	ZIP Code	Number (XXXXX)	Visible when Country Other than USA is Chosen
	+ 4	Number (XXXX)	
	Postal Code	Alpha-Numeric	Visible when Country Other than USA is Chosen
	Telephone Number (include Area Code)	Phone	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Visible when Country Other than USA is Chosen
	Ext.	Number	
	Fax Number (include Area Code)	Phone	Visible when

			USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Visible when Country Other than USA is Chosen
	Ext.	Number	
	Provide the home address and contact information for the primary contact. Help Text: This information is required for FSA to reach contacts during an emergency such as flood, hurricane, wildfire, data breach, etc.	Text	Display Only
	Personal Email Address	Text	Required, Editable
	Home Address 1	Text	Required, Editable
	Home Address 2	Text	Optional, Editable
	City	Text	
	State/Territory	Text	
	Foreign Province	Text	
	ZIP Code	Number	
	+4	Number	
	Postal Code	Alpha-Numeric	
	Personal Telephone Number	Number	
	Ext.	Number	
	Personal International Telephone Number	Number	
	Ext.	Number	
	Effective Date	Date	
End Primary Contact Table	End Date	Date	
4 Start Secondary Contact	Who is the secondary contact of this company/organization?	Label	

Table			
	If this person is the same as one of the individuals entered in a separate question, select the role from the list provided. If this is a new person, please provide the information requested below. <Add Help Text> The secondary contact cannot be the same person as the highest-ranking official.	Checkbox	
	Select individual Help Text: In order to update this contact, you must navigate to the earliest instance the contact was reported in the Webform.	Picklist Eligibility & Oversight Administrator Alternate Eligibility & Oversight Administrator Individual completing this form Highest-Ranking Officer	
	Prefix	Text	Optional, Editable
	First Name Help Text: You must provide the full legal name of this individual	Text	Required, Editable
	Middle Name Help Text: If this individual does not have a middle name, enter NMN	Text	Required, Editable
	Last Name	Text	Required, Editable
	Suffix	Text	Optional, Editable
	Job Title	Text	Required, Editable
	Email Address	Text	Required
	Country	Picklist	
	Business Address 1	Text	Visible USA is Chosen
	Business Address 2	Text	Visible when

			Country Other than USA is Chosen
	City	Text	Visible when Country Other than USA is Chosen
	State/Territory	Picklist	
	Foreign Province	Text	Visible when USA is Chosen
	ZIP Code	Number (XXXXX)	Visible when Country Other than USA is Chosen
	+ 4	Number (XXXX)	
	Postal Code	Alpha-Numeric	Visible when Country Other than USA is Chosen
	Telephone Number (include Area Code)	Phone	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Visible when Country Other than USA is Chosen
	Ext.	Number	
	Fax Number (include Area Code)	Phone	Visible when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Visible when Country Other than USA is Chosen
	Ext.	Number	
	Provide the home address and contact information for the secondary contact. Help Text: This information is required for FSA to reach contacts during an emergency such as	Text	Display Only

	flood, hurricane, wildfire, data breach, etc.		
	Personal Email Address	Text	Required, Editable
	Home Address 1	Text	Required, Editable
	Home Address 2	Text	Optional, Editable
	City	Text	Required, Editable
	State/Territory	Text	Required, Editable
	Foreign Province	Text	Visible when Country Other than USA is Chosen
	ZIP Code	Number	Required, Editable
	+4	Number	Optional
	Postal Code	Alpha-Numeric	Visible when Country Other than USA is Chosen
	Personal Telephone Number	Number	Required, Editable
	Ext.	Number	
	Personal International Telephone Number	Number	Visible when Country Other than USA is Chosen
	Ext.	Number	
	Effective Date	Date	Required
End Secondary Contact	End Date	Date	Optional

Table			
5 Begin E&O Admin Table	Who is the Eligibility & Oversight Administrator for this company/organization? <help text> Eligibility and Oversight Administrators create users and grant access to Partner Connect features on behalf of the institution or company/organization they work for.	Display Only	N/A
	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.	Checkbox	Required
	Select Individual Help Text: In order to update this contact, you must navigate to the earliest instance the contact was reported in the Webform.	Picklist Eligibility & Oversight Administrator Alternate Eligibility & Oversight Administrator Highest-Ranking Officer Primary Contact Secondary Contact	Required if field above is checked. If box checked, the following questions are not mandatory.
	Provide the full legal name.	Display Only	N/A
	Prefix	Text	Optional
	First Name Help Text: You must provide the full legal name of this individual.	Text	Required
	Middle Name Help Text: If this individual does not have a middle name, enter NMN	Text	Required
	Last Name	Text	Required
	Suffix	Text	Optional
	Job Title	Text	Required
	Country	Picklist	Required

	Business Address 1	Text	Required
	Business Address 2		Optional
	City	Text	Required
	State/Territory	Text	Required
	Foreign Province	Text	If Country does NOT contain United States, this field will be required
	ZIP Code	Text	Required
	+4	Text	Optional
	Postal Code	Text	If Country does NOT contain United States, this field will be required
	Email Address	Text	Required
	Telephone Number Help Text: Enter numbers only. Do not include special characters (such as parentheses or hyphens).	Number	Required
	Ext.	Number	Optional
	International Telephone Number Help Text: Enter international phone number to include special characters	Number	Optional
	Ext.	Number	Optional
	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Number	Optional
	Ext.	Number	Optional
	International Fax Number	Number	Optional

	Ext.	Number	Optional
	Effective Date	Date	Required
End E&O Admin Table	End Date	Date	Optional
6 Start Alternate E&O Admin Table	Who is the Alternate Eligibility & Oversight Administrator for this company/organization?	Display Only	N/A
	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.	Checkbox	Required
	Select Individual Help Text: In order to update this contact, you must navigate to the earliest instance the contact was reported in the Webform.	Picklist Eligibility & Oversight Administrator Alternate Eligibility & Oversight Administrator Highest-Ranking Officer Primary Contact Secondary Contact	Required if field above is checked. If box checked, the following questions are not mandatory.
	Provide the full legal name.	Display Only	N/A
	Prefix	Text	Optional
	First Name Help Text: You must provide the full legal name of this individual.	Text	Required
	Middle Name Help Text: If this individual does not have a middle name, enter NMN	Text	Required
	Last Name	Text	Required
	Suffix	Text	Optional

	Job Title	Text	Required
	Country	Picklist	Required
	Business Address 1	Text	Required
	Business Address 2		Optional
	City	Text	Required
	State/Territory	Text	Required
	Foreign Province	Text	If Country does NOT contain United States, this field will be required
	ZIP Code	Text	Required
	+4	Text	Optional
	Postal Code	Text	If Country does NOT contain United States, this field will be required
	Email Address	Text	Required
	Telephone Number Help Text: Enter numbers only. Do not include special characters (such as parentheses or hyphens).	Number	Required
	Ext.	Number	Optional
	International Telephone Number Help Text: Enter international phone number to include special characters	Number	Optional
	Ext.	Number	Optional
	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Number	Optional

	Ext.	Number	Optional
	International Fax Number	Number	Optional
	Ext.	Number	Optional
	Effective Date	Date	Required
End Alternate E&O Admin Table	End Date	Date	Optional

Servicer Structure

	Text	Field Type	Behavior
1.	What is the IRS Designation of this company/organization?	Picklist Public Private Non-Profit Proprietary	
2.	Select the ownership type for this company/organization.	Picklist: Corporation (Publicly-traded) Corporation (closely held under provisions of state law) Corporation (for profit, not publicly-traded or closely held under provisions of state law) Corporation (for profit - Certified B) Corporation (nonprofit) Corporation (public benefit) Limited liability	

		company (for profit) Limited liability company (nonprofit) Limited liability partnership (for profit) Limited liability partnership (nonprofit) Limited liability limited partnership (for profit) Limited liability limited partnership (nonprofit) General partnership (for profit) General partnership (nonprofit) Sole proprietorship Trust (Irrevocable) Trust (Irrevocable nonprofit) Trust (Revocable) Foreign Entity Other	
3a.	Identify the country in which this company/organization is incorporated/organized.	Picklist	Required
	Date Incorporated/Organized	Date	Required

3b.	Identify the state in which this company/organization is incorporated:	Picklist	Required
	Date Incorporated/Organized	Date	Required
4.	If you selected Publicly Traded Corporation above, provide the stock exchange trading symbol	Text	Conditionally required for Publicly traded corporation
5.	Provide the name and business address of the authorized representative within the state or foreign country where this company/organization is incorporated.	Text	
	Prefix	Picklist	
	First Name Help Text: You must provide the full legal name of this individual	Text	
	Middle Name Help Text: If this individual does not have a middle name, enter NMN	Text	
	Last Name	Text	
	Suffix	Text	
	Job Title	Text	
	Email Address	Text	
	Country	Picklist	
	Business Address 1	Text	
	Business Address 2		
	City	Text	
	State/Territory	Text	
	Foreign Province	Text	
	ZIP Code	Text	
	+4	Text	Optional
	Postal Code	Text	
	Telephone Number <Help Text> Please input the telephone number in this format: xxx-xxx-xxxx	Number	

	Ext.		
	International Telephone Number Help Text: Enter international phone number to include special characters	Number	
	Ext.	Number	
	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Number	
	Ext.	Number	
	International Fax Number	Number	
	Ext.	Number	
	Upload a copy of the company's organizational chart with employee names and titles.	Document Upload	Conditional
6.	Does this company/organization own an eligible or ineligible institution of higher education or entity that provides postsecondary educational programs?	Picklist (Yes/No)	
Start Higher Education Owned Table	Provide the OPEID of each institution that is owned.	OPEID Search	Required when “Does this company/organization own an institution of higher education?” = yes
	If the institution cannot be found in the search, provide the name of each institution that is owned.	If OPEID selected, populates with data of OPEID selected	Required when “Does this company/organization own an institution of higher education?” = yes
	Institution or Entity Name	Text	Required if the no school was selected in the search
	Percentage of Ownership	Percentage	Required when “Does this company/organization

			own an institution of higher education?" = yes
	Ownership Effective Date	Date	Required when "Does this company/organization own an institution of higher education?" = yes
End Table	Ownership End Date	Date	Conditional
7.	Does this company/organization own any percentage of another company/organization that administers any aspect of an institution's participation in the Title IV programs?	Picklist (Yes/No)	
Start TPS Owned Table	Provide the name of the third-party servicer or other company/organization that is owned.	TPS Search	Required when "Does this company/organization own any percentage of another company/organization that administers any aspect of an institution's participation in the Title IV programs? = yes
	If the third-party servicer or company/organization could not be found, provide the name of the third-party servicer or company/organization that is owned.	Text	Required if no organization was selected in the search
	Percentage of Ownership		Required when "Does this company/organization own any percentage of another company/organization that administers any aspect of an institution's participation in the

			Title IV programs? = yes
	Please provide the full legal name of the primary contact for the TPS or company/organization that is owned.	Text	
	Job Title	Text	
	Prefix	Text	Optional
	First Name Help Text: You must provide the full legal name of this individual	Text	Required
	Middle Name Help Text: If this individual does not have a middle name, enter NMN	Text	Required
	Last Name	Text	Required
	Suffix	Text	Optional
	Email Address	Text	Required
	Country	Picklist	Required
	Business Address 1	Text	Required
	Business Address 2	Text	Optional
	City	Text	Required
	State/Territory	Picklist	Required
	ZIP Code	Number	Required
	+4	Number	Required
	Foreign Province	Text	If Country does NOT contain United States, this field will be required
	Postal Code	Number	If Country does NOT contain United States, this field will be required
	Telephone Number <Help Text>	Number	Required

	Please input the telephone number in this format: xxx-xxx-xxxx		
	Ext.	Number	Required
	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Number	Required
	Ext.	Number	Required
	International Telephone Number(including country code)	Number	If Country does NOT contain United States, this field will be required
	Ext.	Number	Optional
	International Fax Number(Including country code)	Number	If Country does NOT contain United States, this field will be required
	Ext.	Number	Optional
	TPS Owned Effective Date	Date	Required when “Does this company/organization own any percentage of another company/organization that administers any aspect of an institution's participation in the Title IV programs? = yes
End TPS Owner Table	TPS Owned End Date	Date	Conditional

Ownership Inquiry

	Section	Text	Field Type	Automations	Behavior	Visibility
	Ownership Inquiry	Provide information for each	N/A	N/A	Required	

		entity or individual that owns an interest in this company/organization regardless of percentage.				
Start Owner Table 1.	Ownership Inquiry	Are you entering a person owner or an entity owner?	Picklist (Entity Owner/Person Owner)	N/A	Required	
2.	Ownership Inquiry	Select the ownership type for this company/organization from the choices below (select only one).	Picklist: Corporation (Publicly-traded) Corporation (closely held under provisions of state law) Corporation (for profit, not publicly-traded or closely held under provisions of state law) Corporation (for profit - Certified B) Corporation (nonprofit) Corporation (public benefit) Limited liability company (for profit) Limited liability company (nonprofit) Limited liability partnership (for profit) Limited liability partnership (nonprofit) Limited liability limited partnership (for profit) Limited liability limited partnership (nonprofit) General partnership (for profit) General partnership (nonprofit) Sole proprietorship Trust (Irrevocable) Trust (Irrevocable nonprofit)			Visible for Person Owner

			Trust (Revocable) Foreign Entity Other			
3.	Ownership Inquiry	Percentage of Ownership	Percentage	N/A	Required	
4.	Ownership Inquiry	Ownership Effective Date	Date		Required	
5.	Ownership Inquiry	Ownership End Date	Date	N/A	Conditional	Visible for Person Owner. Only displayed on inquiry update.
6.	Ownership Inquiry	Provide the following information for this person owner. <Help Text> Provide the full legal name, business address, phone, fax number and email address for this owner.	N/A	N/A	Conditionally Required for Person Owner	Visible for Person Owner
	Ownership Inquiry	If this person is the same as one of the individuals entered in a previous question, select the role from the list provided. If this is a new person, please provide the information requested below.	Picklist		Required	
	Ownership Inquiry	Job Title	Text	N/A	Required	
	Ownership Inquiry	Prefix	Text			
	Ownership Inquiry	First Name				
	Ownership Inquiry					
	Ownership Inquiry					
	Ownership Inquiry	Help Text:				

		You must provide the full legal name of this individual	Text			
	Ownership Inquiry	Middle Name				
	Ownership Inquiry					
	Ownership Inquiry	Help Text:				
	Ownership Inquiry	If this individual does not have a middle name, enter NMN	Text			
	Ownership Inquiry	Last Name	Text			
		Suffix	Text			
	Ownership Inquiry	Email Address	Text			
	Ownership Inquiry	Country	Text			
	Ownership Inquiry	Business Address 1	Text			
	Ownership Inquiry	Telephone Number <Help Text> Please input the telephone number in this format: xxx-xxx-xxxx	Text			
	Ownership Inquiry	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Text			
2. (Entity Owner)	Ownership Inquiry	Identify the IRS Designation of this Entity Owner:	Picklist Public Private Non-Profit Proprietary		Conditional Required for Entity Owner	Visible for Entity Owner
3. (Entity Owner)	Ownership Inquiry	Select the ownership type for this company/organization from the choices below (select only one).	Picklist: Corporation (Publicly-traded) Corporation (closely held under provisions of state law) Corporation (for profit, not publicly-traded or closely held under provisions of state law) Corporation (for profit - Certified B)			Visible for Entity Owner

			Corporation (nonprofit) Corporation (public benefit) Limited liability company (for profit) Limited liability company (nonprofit) Limited liability partnership (for profit) Limited liability partnership (nonprofit) Limited liability limited partnership (for profit) Limited liability limited partnership (nonprofit) General partnership (for profit) General partnership (nonprofit) Sole proprietorship Trust (Irrevocable) Trust (Irrevocable nonprofit) Trust (Revocable) Foreign Entity Other			
4.	Ownership Inquiry	Identify the country in which this company/organization is incorporated/organized.	Picklist	N/A	Conditional Required for Entity Owner	Visible for Entity Owner
5.	Ownership Inquiry	Identify the state in which this company/organization is incorporated	Picklist	N/A	Conditional Required for Entity Owner	Visible for Entity Owner
	Ownership Inquiry	Date Incorporated/Organized	Date	N/A	Required	Visible for Entity Owner
6.	Ownership Inquiry	If the ownership type for this owner is Publicly Traded Corporation, provide the stock exchange trading symbol	Text	N/A	Conditionally required for Publicly traded corporation	Visible for Entity Owner
7.	Ownership Inquiry	Provide the legal name of this	Text	N/A	Conditionally Required	Visible for

		entity owner. <Help Text> Provide the full legal name of this entity owner. Do not provide a trade name or d/b/a name.			for Entity Owner	Entity Owner
8	Ownership Inquiry	Percentage of Ownership	Percentage	N/A	Required	
9	Ownership Inquiry	Ownership Effective Date	Date		Required	
10	Ownership Inquiry	Ownership End Date	Date	N/A	Conditional	Visible for Entity Owner. Only displayed on inquiry update.
11	Ownership Inquiry	Provide the contact information for the primary contact of this owner.	N/A	N/A	Conditionally Required for Entity Owner	Visible for Entity Owner
	Ownership Inquiry	If this person is the same as one of the individuals entered in a previous question, select the role from the list provided. If this is a new person, please provide the information requested below.	Picklist		Required	Visible for Entity Owner
	Ownership Inquiry	Job Title	Text	N/A	Required	Visible for Entity Owner
	Ownership Inquiry	Prefix	Text			Visible for Entity Owner
	Ownership Inquiry	First Name	Text			Visible for Entity Owner

		Help Text: You must provide the full legal name of this individual				
	Ownership Inquiry	Middle Name Help Text: If this individual does not have a middle name, enter NMN	Text			Visible for Entity Owner
	Ownership Inquiry	Last Name	Text			Visible for Entity Owner
	Ownership Inquiry	Suffix	Text			Visible for Entity Owner
		Email Address	Text			Visible for Entity Owner
	Ownership Inquiry	Country	Text			Visible for Entity Owner
	Ownership Inquiry	Business Address 1	Text			Visible for Entity Owner
	Ownership Inquiry	Business Address 2	Text			Visible for Entity Owner
	Ownership Inquiry	City	Text			Visible for Entity Owner
	Ownership Inquiry	State/Territory	Text			Visible for Person and Entity Owner
		Foreign Province	Text			Visible for Entity Owner
	Ownership Inquiry	ZIP Code	Text			Visible for

						Entity Owner
	Ownership Inquiry	+4	Text			Visible for Entity Owner
	Ownership Inquiry	Postal Code	Text			Visible for Entity Owner
	Ownership Inquiry	Telephone Number <Help Text> Please input the telephone number in this format: xxx-xxx-xxxx	Text			Visible for Entity Owner
	Ownership Inquiry	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Text			Visible for Entity Owner
	Ownership Inquiry	International Telephone Number (including country code)	Number	N/A		Visible for Entity Owner
	Ownership Inquiry	Ext.	Number	N/A		Visible for Entity Owner
	Ownership Inquiry	International Fax Number (Including country code)	Number	N/A		Visible for Entity Owner
	Ownership Inquiry	Ext.	Number	N/A		Visible for Entity Owner
	Ownership Inquiry	Provide the following information. Help Text: This information is required for FSA to reach school officials during an emergency	Display Only			Visible for Entity Owner

		such as flood, hurricane, wildfire, data breach, etc.				
	Ownership Inquiry	Country	Picklist			
	Ownership Inquiry	Home Address 1	Text			
	Ownership Inquiry	Home Address 2	Text			
	Ownership Inquiry	City	Text			
	Ownership Inquiry	State/Territory	Picklist			
	Ownership Inquiry	Foreign Province	Text			
	Ownership Inquiry	ZIP Code	Number (XXXXX)			
	Ownership Inquiry	+ 4	Number (XXXX)			
	Ownership Inquiry	Postal Code	Alpha-Numeric			
	Ownership Inquiry	Personal Email Address	Email			
	Ownership Inquiry	Personal Telephone Number (include Area Code)	Number			
	Ownership Inquiry	Personal International Telephone Number	Number			
	Ownership Inquiry	Effective Date	Date			Required
	Ownership Inquiry	End Date	Date			
12.	Ownership Inquiry	Provide the following information for the contact person (sometimes known as the "registered agent" or "authorized representative") within the state where this entity is incorporated.	Text		Required for entity owner	
	Ownership Inquiry	Prefix	Text	N/A	Optional	
	Ownership Inquiry	First Name Help Text: You must provide the full legal name of this individual	Text	N/A	Required	
	Ownership Inquiry	Middle Name Help Text: If this individual does not have	Text	N/A	Required	

		a middle name, enter NMN				
	Ownership Inquiry	Last Name	Text	N/A	Required	
	Ownership Inquiry	Suffix	Text	N/A	Optional	
	Ownership Inquiry	Job Title	Text	N/A	Required	
	Ownership Inquiry	Email Address	Text	N/A	Required	
	Ownership Inquiry	Country	Picklist	N/A	Required	
	Ownership Inquiry	Business Address 1	Text	N/A	Required	
	Ownership Inquiry	Business Address 2		N/A	Optional	
	Ownership Inquiry	City	Text	N/A	Required	
	Ownership Inquiry	State/Territory	Text	N/A	Required	
	Ownership Inquiry	Foreign Province	Text	N/A	If Country does NOT contain United States, this field will be required	
	Ownership Inquiry	ZIP Code	Text	N/A	Required	
	Ownership Inquiry	+4	Text	N/A	Required	
	Ownership Inquiry	Postal Code	Text	N/A	If Country does NOT contain United States, this field will be required	
	Ownership Inquiry	Telephone Number <Help Text> Please input the telephone number in this format: xxx-xxx-xxxx	Number	N/A	Required	
	Ownership Inquiry	Ext.				
	Ownership Inquiry	International Telephone Number Help Text: Enter international phone number to include special characters	Number	N/A	Optional	
	Ownership Inquiry	Ext.	Number	N/A	Optional	

	Ownership Inquiry	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Number	N/A	Optional	
	Ownership Inquiry	Ext.	Number	N/A	Optional	
	Ownership Inquiry	International Fax Number	Number	N/A	Optional	
	Ownership Inquiry	Ext.	Number	N/A	Optional	
	Ownership Inquiry	Effective Date	Date	N/A	Required	Required
	Ownership Inquiry	End Date	Date	N/A	Only shows up on update inquiry. Optional.	
End Owner Table	Ownership Inquiry	Please provide a copy of the company's organizational chart with employee names and titles.	Document	N/A	Conditional	Visible for Entity Owner
	Ownership Inquiry	Comment	Text	N/A	Required if ownership total is less than 100% and at minimum one owner is publicly traded or other	
Start Schools Owned By Owner Table 13. (entity owner) 7. (person owner)	Ownership Inquiry	Does this owner own an eligible or ineligible institution of higher education or entity that provides postsecondary educational programs?	Picklist (Yes/No)		Required	
	Ownership Inquiry	Provide the name of each institution that is owned.	School Name Search		Required when “Does this owner own an institution of higher	

					education?” = yes	
	Ownership Inquiry	If the institution cannot be found in the search, provide the name of the institution.	N/A		Required when “Does this owner own an institution of higher education?” = yes	
	Ownership Inquiry	Institution or Entity Name	Text		Required when “Does this owner own an institution of higher education?” = yes	
	Ownership Inquiry	OPEID of Institution	Autopopulated based on school search results		Required when “Does this owner own an institution of higher education?” = yes and institution name is not in the OPEID search	
	Ownership Inquiry	Percentage of Ownership	Percentage	N/A	Required when “Does this owner own an institution of higher education?” = yes	
	Ownership Inquiry	Institution Owned Effective Date	Date	N/A	Required when “Does this owner own an institution of higher education?” = yes	
End Schools Owned By Owner Table	Ownership Inquiry	Institution Owned End Date	Date	N/A	Conditional	
14. (entity owner) 8. (person owner)	Ownership Inquiry	Does this owner own any percentage of another company/organization that administers any aspect of an institution's participation in the Title IV programs?	Picklist (Yes/No)	N/A	Required	
Start	Ownership Inquiry	Provide the name of the third-	TPS Search		Required when “Does	

TPSs Owned by Owner Table		party servicer or other company/organization that is owned.			this owner own any percentage of another company/organization that administers any aspect of an institution's participation in the Title IV programs? = yes	
	Ownership Inquiry	If the third-party servicer or company/organization could not be found, provide the name of the Third-Party Servicer or company/organization that is owned.	Text		Required if no organization was selected in the search	
	Ownership Inquiry	Percentage of Ownership			Required when “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	
	Ownership Inquiry	Provide the following information for the primary contact for the third-party servicer that is owned.	Text	Prepopulates if in the TPS Lookup, otherwise must enter		
	Ownership Inquiry	Prefix	Text	N/A	Optional	
	Ownership Inquiry	First Name Help Text: You must provide the full legal	Text	N/A	Required	

		name of this individual				
	Ownership Inquiry	Middle Name Help Text: If this individual does not have a middle name, enter NMN	Text	N/A	Required	
	Ownership Inquiry	Last Name	Text	N/A	Required	
	Ownership Inquiry	Suffix	Text	N/A	Optional	
	Ownership Inqury	Job Title	Text	N/A	Required	
	Ownership Inquiry	Email Address	Text	N/A	Required	
	Ownership Inquiry	Country	Picklist	N/A	Required	
	Ownership Inquiry	Business Address 1	Text	N/A	Required	
	Ownership Inquiry	Business Address 2	Text	N/A	Optional	
	Ownership Inquiry	City	Text	N/A	Required	
	Ownership Inquiry	State/Territory	Picklist	N/A	Required	
	Ownership Inquiry	ZIP Code	Number	N/A	Required	
	Ownership Inquiry	+4	Number	N/A	Optional	
	Ownership Inquiry	Foreign Province	Text	N/A	If Country does NOT contain United States, this field will be required	
	Ownership Inquiry	Postal Code	Number	N/A	If Country does NOT contain United States, this field will be required	
	Ownership Inquiry	Telephone Number <Help Text> Please input the telephone number in this format: xxx-xxx-xxxx	Number	N/A	Required	
	Ownership Inquiry	Ext.	Number	N/A	Required	
	Ownership Inquiry	Fax Number <Help Text> Please input the fax number in	Number	N/A	Required	

		this format: xxx-xxx-xxxx				
	Ownership Inquiry	Ext.	Number	N/A	Required	
	Ownership Inquiry	International Telephone Number(including country code)	Number	N/A	If Country does NOT contain United States, this field will be required	
	Ownership Inquiry	Ext.	Number	N/A	Optional	
	Ownership Inquiry	International Fax Number(Including country code)	Number	N/A	If Country does NOT contain United States, this field will be required	
	Ownership Inquiry	Fax Ext.	Number	N/A	Optional	
	Ownership Inquiry	TPS Owned Effective Date	Date	N/A	Required when "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	
END TPSs Owned by Owner Table	Ownership Inquiry	TPS Owned End Date	Date	N/A	Conditional	

Location Inquiry

	Text	Field Type	Behavior
1	Provide the primary address of this company/organization.	Display	Display Only
	Country	Picklist	If Country does NOT contain United States, this

			field will be required
	Business Address 1	Text	Required
	Business Address 2		Optional
	City	Text	Required
	State/Territory	Picklist	Required
	Foreign Province	Text	If Country does NOT contain United States, this field will be required
	ZIP Code	Text	Required
	+4	Text	Required
	Postal Code	Text	Optional
2	Check here if the mailing address for this company/organization is the same as the business address	Checkbox	Required
	Country	Picklist	If Country does NOT contain United States, this field will be required
	Mailing Address 1	Text	Conditionally Required – if mailing not the same as billing
	Mailing Address 2	Text	Conditionally Required
	City	Text	Conditionally Required
	State/Territory	Picklist	Conditionally Required
	Foreign Province	Text	If Country does NOT

			contain United States, this field will be required
	ZIP Code	Text	Conditionally Required
	+4	Text	Conditionally Required
	Postal Code	Text	If Country does NOT contain United States, this field will be required
3	Check here if this company/organization has additional locations (processing center, etc.)	Checkbox	Required
Start Additional Locations Table	Provide the purpose, address, primary contact, and services provided for each location.	Display Only	Conditionally Displayed if checked above
	Location Purpose	Multi-select picklist (processing center, call center, other)	Conditional Required
	Country	Picklist	Conditional Required
	Business Address 1	Text	Conditionally Required
	Business Address 2		Conditionally Required
	City	Text	Conditionally Required
	State/Territory	Picklist	Conditionally Required

	Foreign Province	Text	If Country does NOT contain United States, this field will be required
	ZIP Code	Text	Conditionally Required
	+4	Text	Conditionally Required
	Postal Code	Text	If Country does NOT contain United States, this field will be required
	Effective Date	Date	Required
	End Date	Date	Conditionally Required
4	Provide the contact information for the primary contact of this Location.	N/A	Conditionally Required for Location
	If this person is the same as one of the individuals entered in a separate question, select the role from the list provided. If this is a new person, please provide the information requested below.	Checkbox	Optional
	Select individual Help Text: In order to update this contact, you must navigate to the earliest instance the contact was reported in the Webform.	Picklist	Required if field above is checked. If box checked, the following questions are not mandatory.
	Primary Contact	Display Only	Conditionally Displayed

	Prefix	Text	Conditionally Required
	First Name Help Text: You must provide the full legal name of this individual	Text	Conditionally Required
	Middle Name Help Text: If this individual does not have a middle name, enter NMN	Text	Conditionally Required
	Last Name	Text	Conditionally Required
	Suffix	Text	Conditionally Required
	Job Title	Text	Conditionally Required
	Primary Contact Address	Display Only	Conditionally Displayed
	Country	Picklist	If Country does NOT contain United States, this field will be required
	Business Address 1	Text	Conditionally Required
	Business Address 2		Conditionally Required
	City	Text	Conditionally Required
	State/Territory	Picklist	Conditionally Required
	Foreign Province	Text	If Country does NOT contain

			United States, this field will be required
	ZIP Code	Text	Conditionally Required
	+4	Text	Conditionally Required
	Postal Code	Text	If Country does NOT contain United States, this field will be required
	Telephone Number <Help Text> Please input the telephone number in this format: xxx-xxx-xxxx	Number	Conditionally Required
	Ext.		Optional
	International Telephone Number Help Text: Enter international phone number to include special characters	Number	Conditionally Required
	Ext.	Number	Optional
	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Number	Optional
	Ext.	Number	Optional
	International Fax Number	Number	Optional
	Ext.	Number	Optional
	Email Address	Text	Conditionally Required
	Effective Date	Date	Required

	End Date	Date	Optional
	Provide the services performed at this location. Help Text: 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.	Text	Display Only
Start Services Provided Table	Main Service Provided	Picklist	Required
	Specific Service Provided	Conditional Picklist	Specific picklist values displayed dependent on the main service selected.
	Other: Please describe the service provided.	Text	Required if Main Service = Other
	Effective Date	Date	Required
End Services Provided Table, End Additional Locations Table	End Date	Date	Optional

Client Inquiry

	Text	Field Type	Behavior
	Provide information for each institution of higher education this company/organization contracts with to administer any aspect of the Title IV, HEA programs.	Please note below the partner will	

		have the opportunity to add as many clients as possible with the following data.	
Start Client Table	Provide the name of the institution that contracts with this company/organization.	School Name Search	Partner search by School Name
	OPEID of Institution	Autopopulated based on school search results	Populated based the OPEID selected
	If the institution cannot be found in the search, provide the name of the institution.	Text	Required if no school is selected in search.
	Identify the specific functions or services 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 the list, they must be added in the general inquiry section in order to be selected here.	Display	
	Select add new to add a new service provided for this client. To edit a previously reported service provided to this client, select the edit icon.	Display	
Start Services Provided Table	Main Service Provided	Picklist	Required
	Specific Service Provided	Conditional Picklist	Specific picklist values displayed dependent on the main service selected.
	Effective Date	Date	
	End Date	Date	
End Services Provided Table	Other: Please describe the service provided.	Text	Required if Main Service = Other
1.	Indicate the Department system(s) that this company/organization accesses or utilizes to perform functions on behalf of this institution.	Multi-Select Picklist School Eligibility	Required

		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	
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?	Picklist (Yes/No)	Required
3.	Does this company/organization have access to information downloaded from Department systems into an eligible higher education institution's system?	Picklist (Yes/No)	Required
	Contract Effective Date	Date	Required
	Contract End Date	Date	Optional
End Client Table	Submit a copy of the company/organization's contract with this institution.	Document Upload	Required

Subcontractors and Affiliates

	Text	Field Type	Behavior
1	Does this company/organization outsource or subcontract any of the services it performs on behalf of an eligible institution to another company/organization or individual?	Picklist (Yes/No)	Required
2 Start Subcontractors and Affiliates Table	Provide the legal name of the company/organization or individual that this company/organization subcontracts with.	Text	Required if subcontract = "Yes"
3	Provide the trade name or D/B/A of the company/organization that this company/organization subcontracts with.	Text	Required if subcontract = "Yes"

4	Provide the Website of the company/organization that this company/organization subcontracts with. <Help Text> Type in the address for your website. EXAMPLE: www.thirdpartyservicer.com	Text	Required if subcontract = “Yes”
5	Provide the contact and address information for the primary contact for this subcontractor/affiliate.		
Start Primary Contact Table	Identify a primary contact for this subcontractor/affiliate.	Text	Required if subcontract = “Yes”
	Prefix	Text	Displayed if subcontract = “Yes”, Optional
	First Name	Text	Required if subcontract = “Yes”
	Middle Name	Text	Displayed if subcontract = “Yes”, Optional
	Last Name	Text	Required if subcontract = “Yes”
	Suffix	Text	Displayed if subcontract = “Yes”, Optional
	Job Title	Text	Required if subcontract = “Yes”
	Country	Picklist	Required if subcontract = “Yes”
	Business Address 1	Text	Required if subcontract = “Yes”
	Business Address 2	Text	Optional
	City	Text	Required if subcontract = “Yes”

	State/Territory	Picklist	Required if subcontract = “Yes”
	Foreign Province	Text	If Country does NOT contain United States, this field will be required
	ZIP Code	Text	Required
	+4	Text	Required
	Postal Code	Text	If Country does NOT contain United States, this field will be required
	Country	Picklist	If Country does NOT contain United States, this field will be required
	Telephone Number <Help Text> Please input the telephone number in this format: xxx-xxx-xxxx	Number	Required if Subcontract = “Yes”
	Ext.	Number	Optional
	International Telephone Number Help Text: Enter international phone number to include special characters	Number	Conditionally Required
	Ext.	Number	Optional
	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Number	Optional
	Ext.	Number	Optional
	International Fax Number	Number	Optional

	Ext.	Number	Optional
End Primary Contact Table	Email Address	Text	Required if subcontract = “Yes”
Start Services Provided Table	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.	display only	
6	Select the main and specific services that this subcontractor/affiliate performs below. To report additional services this subcontractor/affiliate performs, select <add service> below to return to the table in the previous screen.	Display	Required if subcontract = “Yes”
	Select all of the primary and specific service(s) that apply. If you do not see a service in the list provided, select “Other” and provide an explanation of the functions or service(s) performed?	Display	
	Main Service Provided	Picklist	
	Specific Service Provided	Conditional Picklist	
	Other: Please describe the service provided.	Text	
	Effective Date	Date	Required
End Services Provided Table	End Date	Date	Optional
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.	Picklist	Required
8	Does this subcontractor download or receive files containing information downloaded from Department systems to perform functions on behalf of this company/organization or the institutions of higher education included in the scope of the contract?	Picklist (Yes/No)	Required
9	Does this subcontractor have access to information downloaded from Department systems into an eligible higher education institution’s system?	Picklist (Yes/No)	Required
10	Subcontractor/Affiliate Effective Date <help text> Provide the effective date of the contract with this subcontractor.	Date	Required
11	Subcontractor/Affiliate End Date	Date	Required

	<help text> Provide the end date of the contract with this subcontractor.		
End Subcontractors and Affiliates Table	Submit a copy of the company/ organization's contract with this subcontractor.	Document Upload	Required

Withdrawal Inquiry

	Text	Field Type	Behavior
1	You selected TPS Withdrawal/Closure as the purpose of this inquiry. Please provide the actual or anticipated withdrawal/closure date of this company/organization.	Date	Conditional Section required if Inquiry Purpose = Withdrawal/Closure
2	What is the reason for your withdrawal from providing Title IV services? <help text> Select Ceased Providing Title IV Services if this company/organization is closing or will no longer provide Title IV related services to institutions of higher education. Select Merger/Acquisition if an existing Third-Party Servicer is purchasing this company/organization. Select Change in Ownership if the individual or company/organization that is purchasing this company/organization is not an existing Third-Party Servicer.	Picklist Ceased Providing Title IV Services, Merger/Acquisition, Change In Ownership, Other	Required
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	Required if reason for withdrawal = "Merger/Acquisition"
	If the company/organization cannot be found in the search, provide the name of the third-party servicer or company/organization.	Required if no organization was selected in search	Required if reason for withdrawal = "Merger/Acquisition"
	TPS ID	Number	Required if reason for withdrawal = "Merger/Acquisition"

	Country	Picklist	If Country does NOT contain United States, this field will be required
	Business Address 1	Text	Required if reason for withdrawal = “Merger/Acquisition”
	Business Address 2	Text	Optional
	City	Text	Conditionally Required
	State/Territory	Picklist	Conditionally Required
	Foreign Province	Text	If Country does NOT contain United States, this field will be required
	ZIP Code	Text	Conditionally Required
	+4	Text	Conditionally Required
	Postal Code	Text	If Country does NOT contain United States, this field will be required
	Effective Date of Merger/Acquisition	Date	Required if reason for withdrawal = “Merger/Acquisition”
3.	You selected Change in Ownership as the reason for withdrawal. Provide the contact information for the new owner of this company/organization.	Display	Required if reason for withdrawal = “Merger/Acquisition”/ “Change in Ownership”
	Prefix	Text	Displayed if reason for withdrawal = “Merger/Acquisition”/”Change in Ownership”, Optional
	First Name	Text	Required if reason for withdrawal = “Merger/Acquisition”/”Change in Ownership”
	Middle Name	Text	Optional, Displayed if reason for withdrawal = “Merger/Acquisition”/”Change in Ownership”
	Last Name	Text	Required if reason for withdrawal = “Merger/Acquisition”/”Change in Ownership”
	Suffix	Text	Displayed if reason for withdrawal = “Merger/Acquisition”/”Change in Ownership”, optional

	Job Title	Text	Required if reason for withdrawal = “Merger/Acquisition”/”Change in Ownership”
	Country	Picklist	If Country does NOT contain United States, this field will be required
	Business Address 1	Text	Required if reason for withdrawal = “Merger/Acquisition”
	Business Address 2	Text	Optional
	City	Text	Conditionally Required
	State/Territory	Picklist	Conditionally Required
	Foreign Province	Text	If Country does NOT contain United States, this field will be required
	ZIP Code	Text	Conditionally Required
	+4	Text	Conditionally Required
	Postal Code	Text	If Country does NOT contain United States, this field will be required
	Telephone Number <Help Text> Please input the telephone number in this format: xxx-xxx-xxxx	Number	Required if reason for withdrawal = “Merger/Acquisition”/”Change in Ownership”
	Ext.		Optional
	International Telephone Number Help Text: Enter international phone number to include special characters	Number	Conditionally Required
	Ext.	Number	Optional
	Fax Number <Help Text> Please input the fax number in this format: xxx-xxx-xxxx	Number	Optional
	Ext.	Number	Optional
	International Fax Number	Number	Optional

	Ext.	Number	Optional
	Email Address	Text	Required if reason for withdrawal = “Merger/Acquisition”/”Change in Ownership”
4.	Provide a detailed written description of the merger/acquisition or change in ownership that you are reporting for this company/organization. <Help Text> Please identify the: companies/organizations that are included in this transaction, impact this transaction has on this company/organization’s locations, employees, contracts with higher education institutions, information stored in software systems, employee access to Department systems, etc. in the written description provided. Please upload documentation to support this transaction.	Narrative Box and Ability to Upload Documents	Required, can go past 255 characters

Upload Documents

?#	Text	Field Type	Field Behavior
	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.	N/A	N/A
Start Document Table	Document Upload Component	File Uploader	N/A
	Does this document contain PII data?	Picklist (Yes, No)	Required
	Document Type		Required
	Check here if you will be providing the URL to where this	Checkbox	Optional

	document type is located on your institution's website in the document description below.		
End Document Table	Enter a description of the document	Text	Required

Submit TPS Inquiry Form

	Text	Field Type	Behavior	Visibility
	Who is the authorized signature authority for this company/organization? Your authorized signature authority is the person that has the power and authority to act on behalf of the institution with connection to all legal and other matters of the company/organization.	N/A	N/A	
	Check here if this is the same person as your Highest-Ranking Officer (CEO/COO/President).	Checkbox	Optional	
	Select position.	Picklist Highest-Ranking Officer, Primary Contact	Required when, "Check here is the same person as ...." = checked.	Visible when, "Check here is the same person as ...." = checked.
	Check here if it is the same person as a Person Owner reported for the company/organization.	Checkbox	Optional	
	Select Owner	Picklist of Person Owners	Required when, "Check here is the same person as ...." = checked.	Visible when, "Check here is the same person as ...." = checked.
	Job Title	Text	Required	
	Prefix	Text	Optional	
	First Name	Text	Required	
	Middle Name	Text	Required	
	Last Name	Text	Required	
	Suffix	Text	Optional	
	Email Address	Email Address	Required	

	Country	Picklist	Required	
	Business Address 1	Text	Required	
	Business Address 2	Text	Optional	
	City	Text	Required	
	State/Territory	Picklist	Required for Domestic Address, Optional for Foreign Address	Visible for Domestic, Optional For Foreign
	Foreign Province	Text	Optional	
	ZIP Code	Number (XXXXX)	Required for Domestic, Optional for Foreign	Visible for Domestic, Optional For Foreign
	+ 4	Number (XXXX)	Optional	
	Postal Code	Alpha-Numeric	Optional	
	Telephone Number	Number	Required for Domestic, Optional for Foreign	Visible for Domestic, Optional For Foreign
	International Telephone Number	Number	Required for Foreign	Visible for Foreign only
	Ext.	Number	Optional	
	Fax	Number	Optional	
	International Fax Number	Number	Optional	Visible for Foreign only
	Ext.	Number	Optional	
	Provide the following personal information for this authorized signature authority. Help Text: This information is required for FSA to reach contacts during an emergency such as flood, hurricane, wildfire, data breach, etc.	N/A		
	Country	Picklist	Required	
	Home Address 1	Text	Required	
	Home Address 2	Text	Optional	
	City	Text	Required	
	State/Territory	Picklist	Required for Domestic, Optional for Foreign	Visible for Domestic, Optional For Foreign
	Foreign Province	Picklist	Optional	

	ZIP Code	Number (XXXXX)	Required for Domestic, Optional for Foreign	Visible for Domestic, Optional For Foreign
	+ 4	Number (XXXX)	Optional	
	Postal Code	Alpha-Numeric	Optional	
	Personal Email Address	Email	Required	
	Personal Telephone Number (include Area Code)	Number	Required	
	Effective Date	Date	Required	
	End Date	Date	Conditional – see validation	
	Check here if your authorized signature authority is not available to sign this inquiry and provide an explanation below. You must provide contact information and upload a copy of the written delegation of authority for the person that has the power and authority to act on behalf of the institution with connection to all legal and other matters in the absence of the authorized signature authority identified above. This delegation of authority must be on school letterhead.	Picklist (Yes, No)	Optional	
	Explain Why?		If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Add contact information for the delegated authority who may sign on behalf of the authorized signature authority. <help text> This individual has been delegated the authority to execute contracts, financial documents, and other official documents in the absence of the authorized signature authority. You must upload a signed statement on company letter head that describes the time period, and the terms and conditions of the authority granted each time a delegation occurs.			
	Job Title	Text	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays

	Prefix	Text	Optional	If “Please check here…” = yes , this field displays
	First Name	Text	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Middle Name	Text	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Last Name	Text	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Suffix	Text	Optional	If “Please check here…” = yes , this field displays
	Email Address	Email Address	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Country	Picklist	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Business Address 1	Text	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Business Address 2	Text	Optional	If “Please check here…” = yes , this field displays
	City	Text	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	State/Territory	Picklist	If “Please check here…” = yes , then this field is required Required for Country = USA	If “Please check here…” = yes , this field displays
	Foreign Province	Text	Optional	If “Please check

				here…” = yes , this field displays
	ZIP Code	Number (XXXXX)	If “Please check here…” = yes , then this field is required Required for Country = USA	If “Please check here…” = yes , this field displays
	+ 4	Number (XXXX)	Optional	If “Please check here…” = yes , this field displays
	Postal Code	Alpha-Numeric	Optional	If “Please check here…” = yes , this field displays
	Telephone Number	Number	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Ext.	Number	Optional	If “Please check here…” = yes , this field displays
	International Telephone Number	Number	Optional	If “Please check here…” = yes , this field displays
	Ext.	Number	Optional	If “Please check here…” = yes , this field displays
	Fax Number	Number	Optional	If “Please check here…” = yes , this field displays
	International Fax Number	Number	Optional	If “Please check here…” = yes , this field displays
	Ext.	Number	Optional	If “Please check here…” = yes , this field displays
	Provide the following personal information for this delegated authority.	N/A		If “Please check here…” = yes , this

	Help Text: This information is required for FSA to reach contacts during an emergency such as flood, hurricane, wildfire, data breach, etc.			field displays
	Country	Picklist	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Home Address 1	Text	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Home Address 2	Text	Optional	If “Please check here…” = yes , this field displays
	City	Text	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	State/Territory	Picklist	If “Please check here…” = yes , then this field is required Required if Country = USA	If “Please check here…” = yes , this field displays
	Foreign Province	Text	Optional	If “Please check here…” = yes , this field displays
	ZIP Code	Number (XXXXX)	If “Please check here…” = yes , then this field is required Required if Country = USA	If “Please check here…” = yes , this field displays
	+ 4	Number (XXXX)	Optional	If “Please check here…” = yes , this field displays
	Postal Code	Alpha-Numeric	Optional	If “Please check here…” = yes , this

				field displays
	Personal Email Address	Email	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Personal Telephone Number (include Area Code)	Number	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	Effective Date	Date	If “Please check here…” = yes , then this field is required	If “Please check here…” = yes , this field displays
	End Date	Date	Optional	If “Please check here…” = yes , this field displays

Certifications

Section	Text	Field Type	Behavior
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.	Text and Check Box	Required

	I agree to comply with all statutory provisions applicable to Title IV of the HEA, all regulatory provisions prescribed under that statutory authority, and all special arrangements, agreements, limitations, suspensions, and terminations entered into under the authority of Title IV of the HEA.	Text and Checkbox	Required
	I also agree to refer to the Office of Inspector General of the U.S. Department of Education for investigation any information indicating there is reasonable cause to believe that the institution might have engaged in fraud or other criminal misconduct in connection with the institution's administration of any Title IV, HEA program or an applicant for Title IV, HEA program assistance might have engaged in fraud or other criminal misconduct in connection with his or her application.	Text and Check Box	Required
	I understand that access to information in Department systems may only be used for the Title IV function or service that is being performed. The data contained in Department systems such as the National Student Loan Data System (NSLDS), the Common Origination and Disbursement (COD) System, or the Central Processing System (CPS) are confidential and are protected by the Privacy Act of 1974, as amended, and other applicable statutes, and regulations. Failure to comply with Department access and user requirements may result in the organization or individual losing access to Department systems and/or being subject to sanctions, including, but not limited to, the initiation of a limitation, suspension, or termination action or a debarment proceeding against the individual, the institution, and/or third-party servicer.	Text and Check Box	Required