



**Office of Financial Aid**  
**Room 110 University West Victoria, TX 77901-5731 Ph.**  
**361-570-4125 Fax: 361-580-5555**  
**Email: [finaid@uhv.edu](mailto:finaid@uhv.edu)**

**2020-2021 OVERLAPPING LOAN CLEARANCE LETTER**

Student Name: \_\_\_\_\_ UHV ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

In order to accurately determine your Federal Direct Loan eligibility with the University of Houston-Victoria, we are required to review your student loan history within the National Student Loan Data System (NSLDS). It appears you have active federal student loans within the same academic year in which you are currently enrolled with our institution.

If you have already been offered or received aid for the current term and your loans are in excess of annual borrowing limits or federal aggregate limits, it may be necessary for our office to reduce and bill all or a portion of your already disbursed Federal Direct Loan(s). If you have not received aid for the current term, the information provided on this letter will allow our office to accurately offer your aid, provided you have a completed financial aid file.

Please submit this form to your previous school's Financial Aid Office so we may determine your remaining Federal Direct Loan eligibility for the remainder of the current academic year.

Please print and sign your name below to give authorization for the school to release your information.

\_\_\_\_\_  
 Print Name Social Security Number

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following information must be completed by a financial aid administrator at your previous school:

**SCHOOL CERTIFYING OFFICIAL**

Loan Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Academic Year: \_\_\_\_\_

Gross Loan Amounts Disbursed (less refunds to servicer):

Subsidized: \$ \_\_\_\_\_ Last Date of Disbursement: \_\_\_\_\_

Unsubsidized: \$ \_\_\_\_\_ Last Date of Disbursement: \_\_\_\_\_

Future Disbursements Cancelled? Yes No (circle one)

Name of Certifying School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of School Certifying Official:** \_\_\_\_\_

Please fax the completed form to the University of Houston-Victoria Office of Financial Aid at 361-580-5555 or scan and email the document to [finaid@uhv.edu](mailto:finaid@uhv.edu).

STATE LAW REQUIRES THAT YOU BE INFORMED OF THE FOLLOWING: (1) WITH FEW EXCEPTIONS, YOU ARE ENTITLED ON REQUEST TO BE INFORMED ABOUT THE INFORMATION THE UNIVERSITY COLLECTS ABOUT YOU BY USE OF THIS FORM; (2) UNDER SECTIONS 552.021 AND 552.023 OF THE GOVERNMENT CODE, YOU ARE ENTITLED TO RECEIVE AND REVIEW THE INFORMATION; AND (3) UNDER SECTION 559.004 OF THE GOVERNMENT CODE, YOU ARE ENTITLED TO HAVE THE UNIVERSITY CORRECT INFORMATION ABOUT YOU THAT IS INCORRECT.