Sacred Heart UNIVERSITY

Office of Student Financial Assistance

2027-2028 Overlapping Loan Clearance Letter

Student's Name (First and Last) _____ SHU Student ID Number _____

Student's SHU Email Address _____ Student's Phone Number _____

In order to accurately determine your Federal Direct Stafford loan eligibility with Sacred Heart University, 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 received aid for the current semester and your loans are in excess of annual borrowing limits or federal aggregate borrowing limits, it may be necessary for our office to reduce and bill all or a portion of your already disbursed Federal Direct Stafford Loans. If you have not received aid for the current semester, the information provided on this letter will allow our office to accurately package 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 Stafford Loan eligibility for the remainder of the current academic year. **Note: Please make sure you cancel any pending disbursements with the school you are transferring from and allow 2 weeks for this form to be processed completely.**

Please sign below to authorize the school to look up and release your Federal Stafford Loan information.

Student Signature: _____ Date: _____

Last 4 Digits of Social Security Number: _____

To be completed by a financial aid administrator at your previous institution:

Fall 2027

Subsidized Loan: $ _____ Loan Period: _____

Disbursement Date: _____ Academic Year: _____

Unsubsidized Loan: $ _____ Loan Period: _____

Sacred Heart UNIVERSITY

Disbursement Date: _____ Academic Year: _____

PELL Grant: $ _____ Grant Period: _____

Disbursement Date: _____ Academic Year: _____

Spring 2028

Subsidized Loan: $ _____ Loan Period: _____

Disbursement Date: _____ Academic Year: _____

Unsubsidized Loan: $ _____ Loan Period: _____

Disbursement Date: _____ Academic Year: _____

PELL Grant: $ _____ Grant Period: _____

Disbursement Date: _____ Academic Year: _____

Future Disbursements cancelled on COD by this date: _____ **Select One:** Yes ☐ or No ☐

School Certifying Official's Information

Name: _____ Date: _____

Institution Name: _____

Phone: _____ Fax: _____ Email: _____

Signature of School Certifying Official: _____

This document may be submitted to the Office of Student Financial Assistance via SHUAwards (Menu > My Documents > Upload it now!), secure fax, mail, or in-person as it contains personally identifiable information.

5151 Park Avenue, Fairfield, CT 06825 203-371-7980 *(phone)* 203-365-7608 *(secure fax)*