



7750 Montpelier Road  
Laurel, Maryland 20723  
www.muih.edu  
410-888-9048

**Financial Aid Office  
Overlapping Loan Clearance Letter**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Student ID: \_\_\_\_\_ Student SSN: \_\_\_\_\_

According to the National Student Loan Data System (NSLDS), it appears that you have a current Federal Stafford Loan at another educational institution. To process loans at Maryland University of Integrative Health in compliance with federal regulations, we need you to have this form completed by a Financial Aid Administrator at your previous educational institution. Please fill in your social security number above, sign, and date below for the release of information authorization, and forward to your last educational institution with instructions to complete and return to the Financial Aid Office of Maryland University of Integrative Health, 7750 Montpelier Rd, Laurel, MD 20723, or via fax 833-734-7365. Maryland University of Integrative Health cannot take further action on your application for a Federal Stafford Loan until your prior educational institution has returned this form to our office. Your signature authorizes release of this information:

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Certifying Official:**

Institution name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Student's (expected) last date of Attendance: \_\_\_\_\_

Loan period: \_\_\_\_\_

Loan amount received • Subsidized: \_\_\_\_\_ Unsubsidized: \_\_\_\_\_

Loan amount cancelled • Subsidized: \_\_\_\_\_ Unsubsidized: \_\_\_\_\_ Date: \_\_\_\_\_

Name of certifying official (please print): \_\_\_\_\_ Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_