@ | | | | | | | | |
UTSA ID

Student's Last Name

Student's First Name

UTSA Financial Aid Statement of Rights & Responsibilities

Office of Student Financial Aid and Enrollment Services (SFAES)
University of Texas at San Antonio, One UTSA Circle, San Antonio, Texas 78249-0687
1-800-669-0919 Fax (210) 458-4638 financialaid@utsa.edu www.utsa.edu/financialaid

The following form is designed to inform you of your rights and responsibilities as a recipient of financial aid. This statement of your rights and responsibilities is completed your first year at UTSA, however, many of the issues discussed will continue to affect you throughout your tenure as a financial aid recipient at UTSA.

SECTION A: YOUR RIGHTS: Please check yes or no to each statement.

- I authorize UTSA to refund any remaining financial aid to me once charges are paid each semester. ☐ **Yes** ☐ **No**
- I authorize UTSA to credit my financial aid to my student account for allowable charges other than tuition, fees, room and board (if on campus). ☐ **Yes** ☐ **No**
- I authorize UTSA to credit my financial aid to minor prior year balances I owe the University. ☐ **Yes** ☐ **No**

SECTION B: YOUR RESPONSIBILITIES: Please initial by each statement to acknowledge your understanding.

- I understand that funds are awarded on a first-come first-served basis and the priority deadline to submit my FAFSA yearly is March 31. Additionally, some funding is only available to students who also are admitted to the University by March 31. _____ **Initials**
- I understand that awards not accepted by the deadline indicated on my award letter will be cancelled and will not be reinstated. _____ **Initials**
- I understand that I must accept my financial aid awards either online or in person before funds will be available. Paper awards letters are only sent to first-time financial aid recipients. All previous financial aid recipients are informed of their awards on ASAP and emails are sent to myUTSAmail accounts. _____ **Initials**
- I understand all formal communication from SFAES will be sent to the myUTSAmail account. _____ **Initials**
- I understand that SFAES may be required to adjust my awards (including loans and scholarships) if there are changes in my enrollment status, housing status, or other financial aid received. For more information, go to www.utsa.edu/financialaid/. _____ **Initials**
- I understand that I must continue to make Financial Aid Satisfactory Academic Progress (SAP) each year in order to receive financial aid. For more information, go to http://www.utsa.edu/financialaid/sap.html. _____ **Initials**
- I understand that all financial aid paperwork must be submitted to SFAES by July 1 for the fall semester, December 1 for the spring semester and May 1 for the summer semester to ensure that financial aid funds are available by the tuition and fee deadline for that particular semester. _____ **Initials**

My signature affirms that I have read and understand my rights and responsibilities as stated in this form.

Signature: _____ Date: _____

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et. seq. of the Texas Government code) and rules. Different types of information are kept for different periods of time.

OFFICE USE ONLY

Date Received in SFAES: _____

Entered on RRAAREQ by: _____

Processed by: _____

RRAAREQ Code: **SIF, T4HOLD, T4NONI, T4PRIO**
Revised: 3/24/09

Webx Code: **FA_SIF**