



Arizona State Board for Private Postsecondary Education

1400 W. Washington, Room 260
Phoenix, AZ 85007
(602) 542-5709

STUDENT NOTICE REGARDING SCHOOL CLOSURE

Arizona State Assistance

In response to your request for financial assistance regarding the closure of the Arizona private postsecondary institution you were attending, the Office of the Arizona State Board for Private

STUDENT TUITION RECOVERY FUND CLAIM

FORM. The Arizona State Student Tuition Recovery Fund provides a pool of money from which persons injured by the closure of an Arizona private postsecondary institution may recover damages. The Fund is made up of fees collected from private postsecondary colleges and schools licensed in the State of Arizona. The Fund is administered by the Arizona State Board for Private Postsecondary Education.

Only students who attended a private postsecondary college or school, required to participate in the Fund, may file a claim against the Fund. All claims must be filed within one year of the college or school closure date. To file a claim, you must complete this form and submit it to the Arizona State Board for Private Postsecondary Education at the above address. Fund claims are investigated in two steps; First, claims are reviewed to ensure that a person is eligible to file a claim. Second, claims are investigated to determine if the claimant will receive any monetary restitution. Refunds will not be made on federal student loans eligible for cancellation through the United States Department of Education's Loan Forgiveness Program.

Federal Assistance

If your tuition at the closed school was funded through federal student financial aid loan programs, you may also be eligible for assistance through the Student Loan Forgiveness Program of the United States Department of Education. This Program provides assistance to students injured by a closed school by forgiving (canceling) student loans. The procedures governing the United States Department of Education's Loan Forgiveness Program require that the student or parent complete an application form entitled **REQUEST FOR LOAN FORGIVENESS DUE TO SCHOOL CLOSING FORM** in order to have the loan(s) cancelled. Upon request, this Application Form will be mailed to you by the lender/bank, which issued the loan(s). **YOU MUST COMPLETE THIS APPLICATION FORM TO BE ELIGIBLE TO HAVE YOUR LOAN(S) CANCELLED.** Therefore, we suggest that you:

- a. Call your lender/bank and request the form. Be sure that they have your correct current address.
 - b. When you receive the Application Form, complete it and return it immediately to the lender/bank.
- Note: Be sure to make a copy for yourself.

Please be assured that the State Board will be available to assist you if you require additional information or documentation to substantiate your eligibility for loan cancellation. In addition, be advised that if your loan(s) are determined to be ineligible for cancellation through the United States Department of Education's Student Loan Forgiveness Program, you may still be eligible to receive a refund through the Arizona State Student Tuition Recovery Fund. In such case, the refund would be equal to the amount of the loan(s) the closed school received and would be paid directly to the lender or loan holder.



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**STUDENT TUITION RECOVERY FUND
CLAIM FORM**

In 1989, the State of Arizona enacted legislation to create a **STUDENT TUITION RECOVERY FUND**. This Fund provides a pool of money from which persons injured by the closure of an Arizona private postsecondary college or school may recover damages. The Fund is made up of fees collected from private postsecondary colleges and schools licensed in the State of Arizona. The Fund is administered by the Arizona State Board for Private Postsecondary Education.

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STUDENT NAME: _____

STUDENT ADDRESS: _____

STUDENT PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

COLLEGE/SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____

TUITION INFORMATION: How much Tuition did you pay to the institution?

\$ _____ CASH \$ _____ GSL \$ _____ SLS \$ _____ PLUS

\$ _____ GRANTS _____ OTHER

STUDENT TUITION RECOVERY FUND

If possible, send photocopies of documents verifying your financial relationship with the closed school.

ENROLLMENT DATA:

Start and End Dates of Enrollment: _____

Program of Study _____

Were you enrolled when the school closed? _____

Did you graduate? _____ If yes, did you receive a diploma? _____

Did you participate in a “teach-out” with another college or school? _____ If yes, what college or school did you attend or what college or school are you attending currently? _____

CLAIM OVERVIEW:

What is the exact nature of your dispute with the closed school? Be specific about your claim and your circumstances. Identify what financial assistance or financial restitution you are seeking. If you don’t have room on this page, please continue on an attached page.

X _____
Signature of Student

Date: _____

If you need assistance in completing this form, please call (602) 542-5709.

Note: It is your responsibility to see that the State Board Office is notified of your current address and/or telephone number. If mail is returned without a forwarding address or, if we are unable to reach you via mail or telephone, your claim will be terminated.

YOUR CLAIM CANNOT AND WILL NOT BE PROCESSED IF YOU CANNOT BE REACHED THROUGH THE MAIL OR BY TELEPHONE.