

LOAN INFORMATION FORM

To be completed by all students who have been awarded Federal Perkins/Health Professional Student Loan funds as part of their financial aid. This information will be used to assist us in collection when the repayment period begins.

Duplicated addresses are not acceptable • Do not leave blanks • All corrections must be initialed

I. PERSONAL INFORMATION

Name Mr. Ms. _____

Social Security Number _____ Student ID _____ Date of Birth _____

Permanent Address _____
 Street Address _____ City _____ State _____ Zip Code _____

Stockton/Campus Address _____
 Street Address _____ City _____ State _____ Zip Code _____

Home Phone (_____) _____ Stockton/Campus Phone (_____) _____

e-mail _____ Driver's Lic. # _____ State _____

Spouse's Name _____ Spouse's Employer _____

Spouse's Employer's Address _____
 Street Address _____ City _____ State _____ Zip Code _____

II. REFERENCES – All students, dependent and self-supporting (independent), must furnish the following information.

A. Parent(s) or Guardian(s):

Name _____
 Last _____ First _____ Middle _____

Street Address _____ Apartment # _____ Telephone (_____) _____

City _____ State _____ Zip Code _____

Father's Employer's Name _____

Employer's Business Address _____
 City _____ State _____

Mother's Employer's Name _____

Employer's Business Address _____
 City _____ State _____

B. Brothers and sisters over 18 not living at home (if applicable). Use married name if applicable.

Name _____ Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone (_____) _____ Telephone (_____) _____

C. Personal References: Any adults, not listed above, who will always know your address. Two references are required.

Name _____ Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone (_____) _____ Telephone (_____) _____

III. Did you have an outstanding balance on an NDSL/Perkins on October 2, 1992? _____ Yes _____ No

IV. CERTIFICATION STATEMENT – The information listed above is complete and accurate to the best of my knowledge.

_____ Date _____ Student Signature _____

 \$ _____ Total