University of Colorado at Boulder

FEDERAL PERKINS (NDSL) LOAN ENTRANCE QUESTIONNAIRE Rev A

Office of Financial Aid, 556 UCB Boulder, Colorado 80309-0556
Office (303) 492-5091 Fax (303) 492-0838

YOU **MUST** COMPLETE, SIGN AND RETURN THIS QUESTIONNAIRE
PLEASE PRINT CLEARLY

Student Information

First Name | **M.I.** | **Social Security Number** ___-___-____

Last Name | **Student Number (if different than SSN)** ___-___-____

Birth Date ___/___/___ Place of Birth (City, State) _____

Expected Graduation Date ○ **Fall** ○ **Spring** ○ **Summer** **Year** ____

Driver's License # _____ State _____ E-mail Address _____

Current Mailing Address

Street _____ City _____

State _____ Zip _____ Phone ( ) _____

Permanent Address

Street _____ City _____

State _____ Zip _____ Phone ( ) _____

Spouse Information

Spouse Name _____ Spouse SSN# _____

Spouse's Address (If different than yours) _____

Name and Address of Parent (s)

Parent(s) Name(s) _____

Street _____ City _____

State _____ Zip _____ Phone ( ) _____

Name and Address of Nearest Relative (Other than parent)

Full Name _____

Street _____ City _____

State _____ Zip _____ Phone ( ) _____

Name and Address of Reference (Different from above addresses)

Full Name _____

Street _____ City _____

State _____ Zip _____ Phone ( ) _____

I hereby give permission to release information concerning my loan(s) to the following individuals only: _____

I certify that the above information is correct to the best of my knowledge. I also understand that the University of Colorado at Boulder reports all NDSL/Federal Perkins loans, ***regardless of status***, to the major credit bureau networks.

Signature: _____ **Date:** ___/___/___

Reset