



CALIFORNIA STATE UNIVERSITY, SACRAMENTO

PERKINS STUDENT LOAN/NURSING STUDENT LOAN

PERSONAL AND CONFIDENTIAL INFORMATION

NOTE: If this form is not fully completed a hold will be placed on your financial aid check or your transcripts if you are exiting this University. **PLEASE PRINT LEGIBLY. THIS FORM MUST BE COMPLETED IN INK AND RETURNED TO: Student Financial Services Office**

FOR SFSC OFFICE USE ONLY:

NEW _____ CONT. _____ EXIT _____

COMPLETE _____ INCOMPLETE _____

CO-SIGNER _____ A/Y _____

ENTRANCE COMPLETE _____

EXIT COMPLETE _____

BORROWER INFORMATION:

TYPE OF LOAN: ☐ Federal Perkins Student Loan (PSL) ☐ Nursing Student Loan (NSL) ☐ Goethe Loan ☐ Lockhart Loan (check one)

Mr. ☐ Ms. ☐

Full Name:

(Last) (First) (Middle)

Birthdate:

Age:

SSN:

Marital Status:

☐ Single

☐ Married

Permanent:

(Number) (Street) (Apt#)

Local:

(Number) (Street) (Apt#)

(City) (State) (Zip)

(City) (State) (Zip)

Permanent Ph. No.:

Local Ph. No.:

Cell Ph./Page No.:

E-mail address:

Driver's License No. or I.D. No.:

State Where Licensed:

Employer:

Employer's Address:

Supervisor Ph. No.:

Supervisor:

Your Job Title:

SPOUSE/DOMESTIC PARTNER INFORMATION:

Spouse's/Domestic Partner's Name:

Employer:

Ph. No.:

Complete Address:

Is spouse/domestic partner attending school? ☐ Yes

☐ No

If "yes," where?

THE FOLLOWING INFORMATION MUST BE COMPLETED BY BOTH INDEPENDENT AND DEPENDENT STUDENTS

Borrower's family information: If "deceased" please indicate. If both parents are "deceased," provide another reference in this space.

Father's Name:

Ph. No.:

Address:

(No. & Street) (City) (State) (Zip)

Employer's Name:

Ph. No.:

Mother's Name:

Ph. No.:

Address:

(No. & Street) (City) (State) (Zip)

Employer's Name:

Ph. No.:

SPOUSE/DOMESTIC PARTNER FAMILY INFORMATION (specify if "deceased"):

Father's Name:		Ph. No.:	
Address			
	(No. & Street)	(City)	(State) (Zip)
Employer's Name:		Ph. No.:	
Mother's Name:		Ph. No.:	
Address:			
	(No. & Street)	(City)	(State) (Zip)
Employer's Name:		Ph. No.:	

PERSONAL REFERENCES (with whom you will always be in contact; do not list staff, faculty, or counselors from schools that you are attending or have attended):**1. RELATIVE (not residing with you, your parents or another reference, if no other relative, then indicate close friend):**

Name:		Relationship:		
Complete Address:			Ph. No.:	
	(No. & Street)	(City)	(State)	(Zip)

2. OTHER REFERENCES (not residing with you, your parents or another reference):

Name:		Relationship:		
Complete Address:			Ph. No.:	
	(No. & Street)	(City)	(State)	(Zip)
			Work No.:	
Name:		Relationship:		
Complete Address:			Ph. No.:	
	(No. & Street)	(City)	(State)	(Zip)
			Work No.:	

CREDIT REFERENCES (other than gasoline credit cards; if none — write "None"):

Name:			
Name:			
Bank/Cr. Union Name:		Branch:	
		Branch:	

PRIVACY NOTICE

(Section 1798.17 of the Civil Code requires this notice to be provided when collecting personal or confidential information from individuals.)

The Manager, who performs duties in the Student Financial Services Center, LSN 1003, of California State University, Sacramento, located at 6000 J Street, Sacramento, CA 95819 [Telephone: (916) 278-6190], will maintain this form which is considered relevant and necessary for the purposes of skip tracing and loan collection. The authority for maintenance of information provided on this form are numerous laws which govern the record maintenance practices of the California State University. The principal statutes include the State Records management Act (Government Code Section 12720 et. seq.), education Code Sections 89035, 89036, 68041, 88043, 39500, and 89546, Penal Code Sections 11075, et. seq., and the Federal Education Rights and Privacy Act (20 USC 1232g). The consequences for non-completion of this form during an entrance interview will be to stop financial aid disbursement and for non-completion during the exit-interview will be to place a hold on the academic records at this institution. The known or foreseeable interagency or intergovernmental transfers of this information are Federal, State, and Trustee Auditors; collection agencies and skip tracing services under contract with the Chancellor's Office; the Federal Government; Chancellor's Office legal staff. It should be noted that each individual has the right to review personal information maintained by this agency, unless access is exempted by law.

I certify that, to the best of my knowledge, the above information is true and correct, and I have read and understand the provisions of the privacy notice.

BORROWER'S SIGNATURE:

DATE: