



THE UNIVERSITY OF CHICAGO

STUDENT LOAN ADMINISTRATION

970 East 58th Street, Room 411, Chicago, IL 60637

http://sla.uchicago.edu; e-mail: student-loans@uchicago.edu

phone: (773) 702-6061; fax: (773) 702-3238

PLEASE RETURN THIS FORM TO STUDENT LOAN ADMINISTRATION AT THE ADDRESS LISTED ABOVE.

PERSONAL INFORMATION

UC ID# _____ SOCIAL SECURITY NUMBER _____ - _____ - _____
If Known

DATE OF BIRTH ____/____/____ DRIVER'S LICENSE _____
Number/State

STUDENT STATUS: COLLEGE GRADUATE _____ EXPECTED GRADUATION DATE _____
Month/Year

Mr.
NAME Ms. _____
Last First Middle

PERMANENT ADDRESS _____
Street City State Zip

Telephone _____ Fax _____ Email _____

FAMILY INFORMATION

FATHER _____
Full Name Address Telephone

MOTHER _____
Full Name Address Telephone

SIBLING _____
Full Name Address Telephone

SIBLING _____
Full Name Address Telephone

- *All Perkins and institutional loan recipients are **REQUIRED** to complete this form. Failure to complete this form appropriately will cause delays in the processing of your loan (s).*
- *Print all items in ink.*
- *All information contained in this document is private and confidential. This document will only be used by Student Loan Administration personnel.*

NOTE: Please complete both pages of this document.

REFERENCES

Give three personal references (not listed in the family information section, and not students or faculty of the University of Chicago) who are likely to know your whereabouts for the next ten to twenty years. All references must live in the United States. Give *home* address and telephone numbers; no P.O. Box numbers will be accepted. *No two addresses or telephone numbers can be the same among the references on this page and the family information on the preceding page.* All references must be complete!

REFERENCE 1 _____
Full Name

Address _____ City _____ State _____ Zip _____

Day telephone _____ Evening Telephone _____ E-mail _____

REFERENCE 2 _____
Full Name

Address _____ City _____ State _____ Zip _____

Day telephone _____ Evening Telephone _____ E-mail _____

REFERENCE 3 _____
Full Name

Address _____ City _____ State _____ Zip _____

Day telephone _____ Evening Telephone _____ E-mail _____

PRIOR PERKINS LOAN

Have you borrowed a Perkins Loan (NDSL) at a previous institution? Yes No

If yes, please provide the following information:

Institution _____ Date of Loan _____ Amount Borrowed _____

Institution _____ Date of Loan _____ Amount Borrowed _____

BORROWER'S STATEMENT

1. I shall answer promptly all communications from the University of Chicago relating to this loan and notify Student Loan Administration promptly of each change of address until the loan is repaid.

2. I give the University of Chicago and its billing service my permission to contact my references at any time in regards to my student loans. This contract between the University of Chicago and me will remain until all my indebtedness to the University is paid in full.

3. I certify that I am not in default on any student loan made under the Stafford (GSL, SLS/PLUS) or Perkins (NDSL) programs (Title IV HEA loan) at any institution.

4. I certify that the information submitted herewith is true and correct, and I fully understand my obligations incurred by the granting of this loan and the conditions of its repayment.

Signature Date

Print Name