

STUDENT ACCOUNTS – LOAN SERVICING ENTRANCE QUESTIONNAIRE

Please complete in BLACK INK and PRINT CLEARLY. Dash lines or N/A are not satisfactory responses. References must live at different addresses from you, your parents and other references listed. References, who are non-relatives, can not be employees of the University of Georgia. No funds will be released until this questionnaire is completed in full.

BORROWER'S Full Name:	Last 4 number	ers of SSN:
Date of Birth:	email address:	
Address:(Include complete addre	ess-city, state and zip code)	
	Cell Phone Number:	
FATHER'S Full Name:		
Address:	ss- city, state & zip code)	
email address:	Phone Number:	
Cell Phone Number:		
MOTHER'S Full Name:		
Address:(Include complete addre	ess- city, state & zip code)	
	Phone Number:	
Cell Phone Number:		
References must live at diffe	erences. Do not list other students, former employers, rent addresses from you, your parents and other relatives, can not be employees of the University of 0	eferences listed.
REFERENCE #1 Name:	Relationshi	p:
Address:(Include complete addre	ss- city, state & zip code)	
email address:	Phone Number:	
Cell Phone Number:		
REFERENCE #2 Name:	Relationshi	p:
Address:(Include complete addre	ss- city, state & zip code)	
email address:	Phone Number:	
Cell Phone Number:		

(OVER)

REFERENCE #3 Name:	Relationship:
Address:(Include complete address- city, state & zip code)	
email address:	Phone Number:
Cell Phone Number:	
PLEASE READ AND SIGN THE FOLLOWING:	
•	national credit bureaus on a monthly basis. If my loan becomes it the delinquency to a credit bureau and my account may be il firm for collection.
* I understand that if my loan becomes delinquent, I may incur.	will be responsible for any collection costs and legal fees that
* I understand that I must contact a loan officer in St (withdrawal, graduation, transferring, etc.) the Ur	rudent Accounts-Loan Servicing department before leaving niversity of Georgia.
* I understand that I must report any change of addr	ess directly to Student Accounts-Loan Servicing department.
* I understand that loan consolidation will forfeit the	cancellation benefits of the Perkins loan.
* I understand that any late payments will result in the	ne withholding of University of Georgia services.
* I understand that I will have to complete an annual	information update.
if I wish to have prepayments applied to the nex	or before the fifteenth of each month. I also understand that t scheduled payment(s) of my loan, I will request this special (Installment payments in advance must equal or exceed the
* I have visited http://www.bursar.uga.edu/ website a	and fully understand the information provided for my loan type.
* I have visited http://www.bursar.uga.edu/ website a my loan type.	and read the Rights and Responsibilities which pertains to
PRINT NAME	SIGNATURE
	(This signature acknowledges I have read and understand the above information)
	DATE
**Not completing this questionnaire will resu	ılt in your UGA records being flagged until this

Student Accounts Office Copy: Sign & Return

questionnaire is completed in full.