



VETERAN STUDENT CENTER EMERGENCY VETERAN STUDENT LOAN



1. To be completed by Student

All sections must be completed. All information must be current and coincide with CCSF records. Student ID or state issued identification card must be presented.

TODAY'S DATE: _____ STUDENT ID: _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

2. To be completed by Veteran Student Center Office – Verification of Records (SPAIDEN)

- | | | | | | |
|--|--|------------------------------|---|---|--------------------------------|
| <input type="checkbox"/> STUDENT ID CARD | <input type="checkbox"/> NAME | <input type="checkbox"/> DOB | <input type="checkbox"/> ADDRESS | <input type="checkbox"/> CONTACT PHONE NUMBER | <input type="checkbox"/> EMAIL |
| <input type="checkbox"/> EMERGENCY CONTACT | <input type="checkbox"/> No CCSF HOLDS (SOAHOLD) | | <input type="checkbox"/> No OUTSTANDING VSC LOANS | | |
| <input type="checkbox"/> DD214 (MEMBER 4) | <input type="checkbox"/> MINIMUM OF 7 UNITS | | <input type="checkbox"/> MET WITH A COUNSELOR | | |
| <input type="checkbox"/> ED PLAN | | | | | |

VSC EMPLOYEE VERIFICATION: _____

3. Agreement and Signature

By signing this document, I declare that all information provided by me is accurate and current. Furthermore, I agree to pay the full amount of my loan within 5 working days of receiving VA check. I am aware that I must pay this loan in person at the student accounting office (Conlan Hall E104) and present my receipt to the Veteran Student Center, Cloud Hall 333). I understand that if I do not pay my loan on or before the due date, a HOLD will be placed on my student registration & records. Further, I also understand that my student registration & records will remain inaccessible until my loan is paid in full and if the loan is not paid in full it may be sent to an outside agency for collection.

LOAN AMOUNT: \$ _____

STUDENT SIGNATURE: _____

ASSOCIATE DEAN OF VSC

DATE

CERTIFYING OFFICIAL

DATE

CFO/DESIGNEE

DATE

BUSINESS OFFICE USE ONLY

FOAPAL:		FALL	<input type="checkbox"/>	CHECK AMOUNT:		CHECK #:	
OLD BALANCE:	\$	SPRING	<input type="checkbox"/>	RECIPIENT'S SIGNATURE:		DATE:	
THIS BALANCE:	\$	SUMMER	<input type="checkbox"/>	REPAYMENT AMOUNT:		RECEIPT #:	
DOCUMENT #:		TERM: 20		Document #:		Date:	



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