

City College of San Francisco
Financial Aid Accounting Services

FEDERAL PERKINS LOAN INFORMATION SHEET

PLEASE PRINT OR TYPE ■ ANSWER ALL QUESTIONS ■ NON-APPLICABLE(N/A) IS **NOT** AN ACCEPTABLE ANSWER.

Applicant's Last Name		First Name		M.I.	(Maiden Name)	Social Security No.		Birthdate
ANY OTHER NAME AND/OR STUDENT IDENTIFICATION NO. WHICH MAY APPEAR ON POST SECONDARY SCHOOL RECORDS?		Last Name		First Name	M.I.	(Maiden)		Previous Student I.D. No.
Applicant's Permanent Mailing Address								Telephone No.
Applicant's Current Mailing Address								Telephone No.
Applicant's Current Place of Employment			Address					Telephone No.
ARE YOU CURRENTLY REGISTERED AT ANY OTHER POST SECONDARY SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No						Date of Last Registration at Other School		Driver's License No. or State Identification No.
If Yes, Name of School:								

COMPLETE ALL 3 REFERENCES. IF YOUR PARENTS LIVE IN ANOTHER CITY, YOU STILL MUST PROVIDE THEIR NAMES AND ADDRESSES (EVEN IF YOU DO NOT LIVE WITH THEM). IF PARENTS LIVE TOGETHER, YOU MAY USE THEM AS ONE REFERENCE (e.g. Mr. & Mrs.). REFERENCES MUST HAVE A U.S. ADDRESS AND A VALID TELEPHONE NUMBER. THE THREE REFERENCES MUST HAVE DIFFERENT ADDRESSES. CHECK (✓) APPROPRIATE BOXES FOR PERSONS NAMED AS REFERENCES. THEY SHOULD KNOW YOUR WHEREABOUTS AT ALL TIMES. THESE THREE REFERENCES IS A FEDERAL REQUIREMENT FOR FEDERAL PERKINS LOAN BORROWERS.

A. <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Relative		B. <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Relative		C. <input type="checkbox"/> Other Adult Relative <input type="checkbox"/> Friend	
Name		Name		Name	
Home Address		Home Address		Home Address	
City/State (County) and Zip Code		City/State (County) and Zip Code		City/State (County) and Zip Code	
(Area Code) and Telephone No.		(Area Code) and Telephone No.		(Area Code) and Telephone No.	
ARE YOU CURRENTLY ENROLLED AT CCSF? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHEN DO YOU EXPECT TO GRADUATE FROM OR LEAVE CITY COLLEGE OF SAN FRANCISCO?		
WHAT ARE YOUR EMPLOYMENT AND/OR EDUCATIONAL PLANS FOR THE NEXT SEVERAL YEARS? (USE OTHER SIDE IF NECESSARY)					

The above information is correct. I understand the terms of my obligation involving the repayment of my student loan. I shall notify the Student Financial Aid Accounting Services Office in B619 of any address changes and name changes until my loan is fully repaid.

I authorize City College of San Francisco to contact any of the above listed people or agencies to obtain necessary information regarding my student loan.

SIGNATURE

DATE