

PERKINS LOAN EXIT INTERVIEW QUESTIONNAIRE

Lending Institution: University of Northern Iowa

Name: _____
LAST FIRST MIDDLE MAIDEN

Account Number/Social Security Number: _____ - _____ - _____

PERMANENT BILLING ADDRESS: _____
(street)

(city) (state) (zip)

TELEPHONE NUMBER: (____) _____ - _____ DATE OF BIRTH ____/____/____

E-MAIL ADDRESS (NOT your UNI e-mail) _____

DRIVER'S LICENSE # _____ STATE ISSUED: _____

ANTICIPATED PLACE OF EMPLOYMENT: _____

OR

FUTURE EDUCATIONAL PLANS: _____

SPOUSE'S NAME: _____ SSN _____ - _____ - _____

SPOUSE'S PLACE OF EMPLOYMENT _____

YOUR PARENT/GUARDIAN/NEXT OF KIN:

FATHER:

FULL NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____) _____

MOTHER:

_____(____)_____

YOUR BROTHERS/SISTERS OVER 18 NOT LIVING AT HOME: IF MORE THAN TWO, LIST THEM ON THE BACK OF THIS FORM. (SISTER'S MARRIED NAME)

FULL NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____) _____

_____(____)_____

REFERENCES: TWO OTHER ADULTS, AT SEPARATE ADDRESSES, DIFFERENT FROM THOSE ABOVE, WHO WILL ALWAYS KNOW YOUR ADDRESS. (PLEASE: NO UNI FACULTY/STAFF AND NO IN-SCHOOL ADDRESSES OF FRIENDS OR FOREIGN ADDRESSES)

FULL NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____) _____

RELATIONSHIP TO YOU: _____

_____(____)_____

Signature of Borrower: _____ Date: _____

Return this form to: UNI Controller's Office, Gilchrist 256, Cedar Falls, IA 50614-0008