INTERVIEW QUESTIONNAIRE
Student Loan Personal Data Information Sheet

DATE ☐☐-☐☐-☐☐

PLEASE PRINT USING BALLPOINT PEN.

PRESS HARD.

LENDING INSTITUTION _____

PERSONAL DATA

DEGREE/MAJOR _____

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Name)

BIRTH DATE ☐☐-☐☐-☐☐

PERMANENT BILLING ADDRESS:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Street)

☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐ ☐☐☐☐☐-☐☐☐☐
(City) (State) (Zip)

TELEPHONE # ( ) ☐☐☐-☐☐☐☐ SOC. SEC. # ☐☐☐-☐☐-☐☐☐☐

E-MAIL _____

DRIVER'S LICENSE # _____ STATE OF ISSUE ☐☐

ANTICIPATED PLACE OF EMPLOYMENT _____

CURRENT PLACE OF EMPLOYMENT _____

EMPLOYMENT TELEPHONE NUMBER ( ) ☐☐☐-☐☐☐☐ EXT. ☐☐☐☐☐

FUTURE EDUCATIONAL PLANS _____

SPOUSE'S NAME _____

SPOUSE'S PLACE OF EMPLOYMENT _____

SPOUSE'S EMPLOYMENT TELEPHONE NUMBER ( ) ☐☐☐-☐☐☐☐ EXT. ☐☐☐☐☐

PARENT, GUARDIAN OR NEXT OF KIN:

FATHER

FULL NAME _____

ADDRESS _____

_____

TELEPHONE # _____ (Area Code)

EMPLOYER _____

BUS. ADDRESS _____ (City) (State)

MOTHER

FULL NAME _____

ADDRESS _____

_____

TELEPHONE # _____ (Area Code)

EMPLOYER _____

BUS. ADDRESS _____ (City) (State)

BROTHERS & SISTERS OVER 18 NOT LIVING AT HOME (SISTER'S MARRIED NAME):

FULL NAME _____

ADDRESS _____

_____

TELEPHONE # _____ (Area Code)

FULL NAME _____

ADDRESS _____

_____

TELEPHONE # _____ (Area Code)

PERSONAL REFERENCES (ADULTS NOT LISTED ABOVE WHO WILL KNOW YOUR ADDRESS):

FULL NAME _____

ADDRESS _____

_____

TELEPHONE # _____ (Area Code)

RELATIONSHIP _____

FULL NAME _____

ADDRESS _____

_____

TELEPHONE # _____ (Area Code)

RELATIONSHIP _____

SIGNATURE OF BORROWER X _____

UNIVERSITY ACCOUNTING SERVICE, LLC
campus-based student loan portfolio management
An OSI Company
MAILING ADDRESS: P.O.BOX 932 BROOKFIELD, WI 53008-0932 PHONE 800-999-6227 FAX 262-784-9014