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