ENTRANCE INTERVIEW
PERSONAL DATA INFORMATION

Student Loan Borrowers must complete the following information and return this completed information sheet to NDSU Customer Account Services 101 Old Main Dept 3110 PO Box 6050 Fargo ND 58108-6050

Name _____ Soc. Sec. # _____
Last First Middle

Permanent Address _____
Street City State Zip

Local Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Birth Date _____

Home E-Mail _____ Work E-Mail _____

Expected Graduation Date _____ College Major(s) _____

Employer's Name & Location _____

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Spouse Name _____ Employer _____

Spouse's Parent Name _____

Address _____ Employer _____

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The following information is for address verification only.

Father, Stepfather or Guardian _____ Home Phone _____
Address _____
Mother, Stepmother or Guardian _____ Home Phone _____
Address _____

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List three references, other than the names already listed above, who will most likely know your address.

1. Name _____ Phone _____ Relationship _____
_____ _____
Address (Street, City, State, Zip)
2. Name _____ Phone _____ Relationship _____
_____ _____
Address (Street, City, State, Zip)
3. Name _____ Phone _____ Relationship _____
_____ _____
Address (Street, City, State, Zip)

I certify that the above information is correct and complete and I hereby authorize verification by the Student Loan Service Center, NDUS.

XXXX_____ _____
Signature of Student Borrower *Date*

Revised 01/15/09