

UNIVERSITY OF WASHINGTON
Student Fiscal Services Personal Data Sheet

IMPORTANT: PLEASE COMPLETE THIS FORM BEFORE DISBURSEMENT OF YOUR STUDENT LOAN(S); FAILURE TO COMPLETE ALL ITEMS MAY RESULT IN DELAY OF YOUR LOAN AND/OR A HOLD ON YOUR STUDENT RECORDS.

(Please Print)

STUDENT INFORMATION

Name _____

Student Number _____

Birth Date _____

Social Security No. _____

Permanent Address: Street _____

Local Address: Street _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Telephone () _____

Telephone () _____

Employer _____

Driver's License No. _____ State _____

Work Address _____

Marital Status _____

Work Telephone () _____

Maiden Name _____

Spouse's Name _____

PARENT(S) OR NEXT-OF-KIN INFORMATION *(MAY BE A BROTHER OR SISTER OVER 18 NOT LIVING AT HOME)*

Name _____

Address _____

Telephone () _____

Name _____

Address _____

Telephone () _____

MAILING REFERENCES *(OTHER THAN PARENTS, WHO WILL KNOW YOUR ADDRESS FOR THE NEXT SEVERAL YEARS)*

Name _____

Address _____

Telephone () _____

Name _____

Address _____

Telephone () _____

Other Contacts (clergy, teachers, etc.) _____

TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS CORRECT AND COMPLETE.

Date _____

Signature _____