Federal Student Loan Application

FULL NAME:_____
FIRST M LAST

DATE OF BIRTH:_____/_____/_____ **SSN:**_____-_____-_____
MONTH DAY YEAR

EMAIL ADDRESS:_____

LICENSE STATE:_____ **LICENSE NUMBER:**_____

HOME PHONE #:_____(_____)_____-_____

OTHER PHONE#:_____(_____)_____-_____ [CELL] [WORK] [OTHER]

PERMANENT ADDRESS:_____
STREET ADDRESS

_____
CITY STATE ZIP CODE

UNIVERSITY ATTENDED:_____ **GRAD YR:**____

REFERENCE INFORMATION 1:_____
NAME PHONE

_____
ADDRESS RELATIONSHIP

REFERENCE INFORMATION 2:_____
NAME PHONE

_____
ADDRESS RELATIONSHIP

How many loans do you currently have?_____

What is the total balance of all your loans?_____

Who is the servicer/lender of your loans?_____

When did you take out your loans?_____

What is your current status on your student loans? (Circle One)
[DEFERMENT] [GRACE] [REPAYMENT] [FORBEARANCE]

Return Application to info@ConsolidationCampus.com via Fax to 1-866-798-1889