

SOUTHEASTERN OKLAHOMA STATE UNIVERSITY (SE)  
Return this form to the Office of Business Services (Hallie McKinney)  
1405 N. 4<sup>th</sup> Ave. PMB 4216  
Durant, OK 74701-0609

PRE-LOAN INTERVIEW FORM  
FEDERAL PERKINS LOAN

All information must be provided. The form must be completed and returned before the loan can be disbursed.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Last, First, Middle) (SE) ID No. \_\_\_\_\_  
Drivers License No. \_\_\_\_\_ State \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Number, Street, Apt. No.) (City, State/Zip)

Phone Number (\_\_\_\_) \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_  
(Number, Street, Apt. No.) (City, State/Zip)  
Parent's Occupation and/or Employer & Address \_\_\_\_\_

NAME, ADDRESS AND PHONE OF THREE RELATIVES OTHER THAN PARENT LISTED ABOVE (at different addresses)

Name	_____	_____	_____
Address	_____	_____	_____
City	_____	_____	_____
State/Zip	_____	_____	_____
Phone No.	_____	_____	_____
Relationship	_____	_____	_____

NAME, ADDRESS AND PHONE OF A FRIEND WHO WILL ALWAYS KNOW YOUR ADDRESS

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State/Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_

As a student loan borrower, I understand that it is my responsibility to inform the collection office of all changes of name, address, and student status. I certify that the above information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_