

UNIVERSITY OF THE
PACIFIC
Arthur A. Dugoni
School of Dentistry

2009-10 Federal Stafford Loan Request Form

Complete and submit this form to the financial aid Office. We will electronically submit your loan request to your designated lender. The Loan Request Form is your written permission to transmit all the information necessary for processing your Federal Stafford Loan with the lender of your choice.

New students will need to complete a Federal Stafford Loan Master Promissory Note (MPN). The MPN is the legal binding document between you and the lender. The Financial Aid Office and/or your lender will notify you via email when your MPN is ready to be signed.

1. Last Name _____ First Name _____ MI _____

2. Social Security Number _____ Date of Birth ____ / ____ / ____

3. Personal Email Address _____
(This email address will be used to communicate with you during your loan application process. Make sure it's a valid address and one you check frequently.)

Please write in your choice of lender for this loan period. It is recommended for continuing borrowers to continue with the same lender. If you would like to change lenders, please review lender options at ELMSelect.com and write the name of your new lender in the box below. Keep in mind that having multiple lenders will add complexity to the loan repayment process since you'll have more than one lender to repay your loans.

My choice of lender is: _____

The financial aid office will initiate the process of your Stafford loans with the lender of your choice and for the amount accepted on your award letter. If you are borrowing for the first time with the above lender, you'll need to complete a MPN. The Financial Aid Office and/or your lender will notify you when your MPN is ready to be signed.

I certify that the information on this form is true and complete to the best of my knowledge.

Borrower's Signature _____ **Date** _____

FINANCIAL AID OFFICE USE ONLY:

SUB AMOUNT _____ UNSUB AMOUNT _____ GRADE LEVEL _____ GRAD DATE _____ MPN NEW or SERIAL

LENDER NAME _____ LENDER CODE _____ GUARANTOR ID _____ DATE _____ INITIALS _____

Return Form to:

Financial Aid Office
2155 Webster Street, Room 202
San Francisco, CA 94115
Email: egiannin@pacific.edu
Fax: 415-749-3363