

You **MUST** complete this questionnaire either by fillable PDF or blue/black ink. Then contact the **Collections Office at 801.863.8611** to make an appointment to sign your loan documents for your loan.

**BORROWER INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MI: \_\_\_\_ UVID: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

**CURRENT MAILING ADDRESS (CONTACT US IF THIS CHANGES)**

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**PERMANENT MAILING ADDRESS (IF DIFFERENT FROM ABOVE. PLEASE CONTACT US IF THIS CHANGES)**

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DO NOT DUPLICATE ADDRESS IN ANY OF THE SECTIONS BELOW**

**IF MARRIED, SPOUSE'S INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**IF MARRIED, SPOUSE'S PARENT(S) INFORMATION**

NAME(S) \_\_\_\_\_  
 FULL STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS(ES) \_\_\_\_\_

**PARENT(S) INFORMATION**

NAME(S): \_\_\_\_\_  
 FULL STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS (ES) \_\_\_\_\_

**REFERENCES: YOU MUST FILL THIS SECTION OUT COMPLETELY. LIST GRANDPARENTS (IF AVAILABLE). IF POSSIBLE, LIST 2 (NON-PARENT) RELATIVES. INDICATE WHETHER THE REFERENCE IS A FRIEND OR RELATIVE.**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FRIEND  RELATIVE   
 FULL STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FRIEND  RELATIVE   
 FULL STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FRIEND  RELATIVE   
 FULL STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FRIEND  RELATIVE   
 FULL STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I certify that the above information is correct and complete to the best of my knowledge and I authorize Utah Valley University to contact any reference listed above if they should lose contact with me during the repayment of my Talent Development Incentive Loan. I will immediately notify Utah Valley University Collections Office of any changes to this information.

**Signature of Borrower:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We recommend designating a relative as an authorized person to discuss your account. To do this you must sign a FERPA (Family Educational Rights and Privacy Act) form, in the presence of a notary public. You may find this form at [uvu.edu/registration](http://uvu.edu/registration).

(Office Use Only)  
**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_