

Access to Student Loan Records

Your signature on the form will allow South Dakota State University to discuss your student loan account with another person (i.e.: parent or spouse).

This authorization form pertains to Student Loan Office accounts only. Requests for information regarding records maintained by other offices must be made directly to those offices (e.g., Office of the Registrar, Student Accounts Receivable, Office of Student Financial Aid.)

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BORROWERS NAME: _____

SOCIAL SECURITY NUMBER: _____ \ _____ \ _____

Was this correspondence sent to an address where you want all your mail sent? __YES __NO
If not please give us your mailing address:

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____
CELL PHONE: (____) _____ - _____

Please check if you are employed or will be employed full time in any of these fields:

Teacher _____	Law Enforcement/Firefighter _____	Family Services _____
Nursing _____	Med Tech (position) _____	Peace Corp _____
Librarian _____	Speech-Language Pathologist _____	Pre-Kindergarten or Child Care Program _____
