

TEXAS LUTHERAN UNIVERSITY

Office of Financial Aid
 1000 W. Court Street
 Seguin, TX 78155

2008-2009 FEDERAL PERKINS LOAN REFERENCE FORM

Please enter information into each box on this form. DO NOT leave any fields blank. Put N/A in any field that is not applicable to you. When done, print this form and mail it to the Office of Financial Aid at the address shown above.

Borrower Information:	
Name (last, first, middle initial)	Social Security Number
Permanent Street Address	Date of Birth (mm/dd/yyyy)
City, State, Zip	Home Phone Number
Driver's License (State & Number)	Cell Phone Number
Reference Information:	
Mother	Father
Name: (last, first)	Name: (last, first)
Permanent Address:	Permanent Address:
City, State, Zip	City, State, Zip
Phone Number:	Phone Number:
Spouse	Spouse's Employer
Name: (last, first)	Name:
Permanent Address:	Permanent Address:
City, State, Zip	City, State, Zip
Phone Number:	Phone Number:
Relatives (Must live at different address than you or your parents.)	
Name: (last, first)	Name:
Permanent Address:	Permanent Address:
City, State, Zip	City, State, Zip
Phone Number:	Phone Number:
Relationship:	Relationship:
Personal References (additional relatives as long as at different addresses, in-laws, long-time family friends, etc.)	
Name: (last, first)	Name:
Permanent Address:	Permanent Address:
City, State, Zip	City, State, Zip
Phone Number:	Phone Number:
Relationship:	Relationship: