REFERENCE SHEET

Print Form

Please complete with full addresses, phone numbers and zip codes or it will be considered incomplete.

1. Student Name _____ Home Phone _____
Street Address _____
City _____ State _____ Zip
Employer _____ Work Phone _____
Length of time at this address _____ Years _____ Months

2. Spouse Name _____ Home Phone _____
Street Address _____
City _____ State _____ Zip
Employer _____ Work Phone _____
Length of time at this address _____ Years _____ Months

3. Parent Name _____ Home Phone _____
Street Address _____
City _____ State _____ Zip
Employer _____ Work Phone _____
Length of time at this address _____ Years _____ Months

Personal

1. Reference Name _____ Home Phone _____
Street Address _____
City _____ State _____ Zip
Relationship to Student _____ Length of time known _____ Years
Employer _____ Work Phone _____
Length of time at this address _____ Years

2. Reference Name _____ Home Phone _____
Street Address _____
City _____ State _____ Zip
Relationship to Student _____ Length of time known _____ Years
Employer _____ Work Phone _____
Length of time at this address _____ Years

3. Reference Name _____ Home Phone _____
Street Address _____
City _____ State _____ Zip
Relationship to Student _____ Length of time known _____ Years
Employer _____ Work Phone _____
Length of time at this address _____ Years

4. Reference Name _____ Home Phone _____
Street Address _____
City _____ State _____ Zip
Relationship to Student _____ Length of time known _____ Years
Employer _____ Work Phone _____
Length of time at this address _____ Years

I give authorization to City College and its agent(s) to request and receive information from guarantor(s) and lender(s) and their agents for the purpose of tracking repayment of my loan(s). I further authorize the school and its agent(s) to inquire and receive information from credit reporting agencies for the purpose of locating me should my loan(s) ever become delinquent. I understand that these references may be checked upon my enrollment.

_____ Signature

_____ Date