UNIVERSITY OF MARYLAND,BALTIMORE
STUDENT LOAN EXIT INTERVIEW - UPDATED BORROWER INFORMATION FORM

SCHOOL/PROGRAM:_____ **EXPECTED DEGREE:**_____

EXPECTED GRADUATION DATE:_____/_____/_____

LAST NAME FIRST NAME MIDDLE MAIDEN SEX(M/F)

_____-_____-_____ _____/_____/_____ _____
SOCIAL SECURITY NUMBER DATE OF BIRTH DRIVER'S LICENSE NUMBER STATE

_____ _____
CURRENT ADDRESS MAILING ADDRESS FOLLOWING GRADUATION

_____ _____
CITY, STATE AND ZIP CODE CITY,STATE AND ZIP CODE

(_____)_____ (_____)_____
PHONE NUMBER PHONE NUMBER

_____ (_____)_____
PERSONAL E-MAIL ADDRESS CELL PHONE NUMBER

SPOUSE'S INFORMATION: (IF APPLICABLE)

_____ _____
NAME EMPLOYER

_____(_____)_____
SPOUSE'S BUSINESS ADDRESS CITY/STATE AND ZIP CODE PHONE NUMBER

PARENT OR GUARDIAN: (FOR ADDRESS TRACE PURPOSES ONLY)

_____ (_____)_____
NAME PHONE NUMBER

_____
HOME ADDRESS CITY/STATE AND ZIP CODE

_____ (_____)_____
PARENT/GUARDIAN EMPLOYER BUSINESS PHONE NUMBER

_____
PARENT/GUARDIAN BUSINESS ADDRESS CITY/STATE AND ZIP CODE

REFERENCES: (Please provide two adult relatives/In-Laws that live at an address other than your own. If unavailable, please provide close friends or neighbors.)

_____ _____
NAME RELATIONSHIP

_____(_____)_____
ADDRESS CITY/STATE AND ZIP CODE PHONE NUMBER

_____ _____
NAME RELATIONSHIP

_____(_____)_____
ADDRESS CITY/STATE AND ZIP CODE PHONE NUMBER

IF KNOWN, EXPECTED EMPLOYER OR FUTURE PLANS: (PLEASE CHECK BELOW)

BEGIN WORK_____ ENTER MILITARY_____ RESIDENCY_____ RETURN TO SCHOOL_____

_____(_____)_____
NAME & ADDRESS OF EMPLOYER/ORGANIZATION/SCHOOL/HOSPITAL (INCLUDING DEPARTMENT) PHONE NUMBER

BORROWER'S SIGNATURE:_____ **DATE**_____/_____/_____

Please print 3 copies. Two copies must be provided to attend your exit interview; the 3rd copy should be kept for your records.