

**STUDENT LOAN FILE UPDATE**

Student Account Assistance  
 University of Minnesota, Twin Cities  
 211 Robert H. Bruininks Hall  
 222 Pleasant St. S.E.  
 Minneapolis, MN 55455-0239  
 Phone: 612-625-8007  
 Fax: 612-624-2873  
 Email: stdtloan@umn.edu

**DIRECTIONS**

As part of your exit interview, you must complete and return this form to the address on the right. Your signature is required in Part 4.

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

PART 1. Student's information		
Name (last, first, middle initial)	University ID	Last 4 digits only of Social Security number
<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated		Spouse's name (first and previous last name, if applicable)
Current mailing address (street, apartment or P.O. box number, city, state, ZIP code, country)		Phone (include area code)
Permanent/parent's address (street, apartment or P.O. box number, city, state, ZIP code, country)		
Driver's license number and state of issuance	Cell phone number	Preferred email address
Intended vocation or profession	Current or prospective employer's name	Employer phone (incl. area code)
Employer's address (street/P.O. box number, city, state, ZIP Code)		
PART 2. References		
Print names and addresses of three different references with different addresses. (No foreign addresses, please.)		
Name	Phone (include area code)	<input type="checkbox"/> parent <input type="checkbox"/> guardian
Address (street, apartment or P.O. box number, city, state, ZIP code)		
Name	Phone (include area code)	<input type="checkbox"/> in-law <input type="checkbox"/> relative <input type="checkbox"/> friend
Address (street, apartment or P.O. box number, city, state, ZIP code)		
Name	Phone (include area code)	<input type="checkbox"/> relative <input type="checkbox"/> friend
Address (street, apartment or P.O. box number, city, state, ZIP code)		
PART 3. Enrollment information		
Check the last term of at least half-time enrollment at the University <input type="checkbox"/> fall _____ <input type="checkbox"/> spring _____ <input type="checkbox"/> May/summer _____		Degree and date received
Reason for leaving the University of Minnesota <input type="checkbox"/> graduation <input type="checkbox"/> transfer <input type="checkbox"/> other—Please specify here:		
Will you enroll here next term? <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, indicate when you plan to graduate: <input type="checkbox"/> fall _____ <input type="checkbox"/> spring _____		
Do you plan to transfer to another institution or attend graduate school? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, where? _____ Anticipated start date: _____		
PART 4. Certification		
By signing this form, I certify that all information reported is complete and correct.		
Signature		Date



To request copies of this form in an alternative format, please call a Disability Resource Center liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.  
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