BROOKHAVEN COLLEGE
DALLAS COMMUNITY COLLEGE DISTRICT
3939 Valley View
Farmers Branch, Texas 75244

FEDERAL STAFFORD LOAN REQUEST FORM

Using blue or black ink, please **clearly print** the information requested. Please be advised that incomplete forms will not be processed.

Name _____
First Middle Last

Social Security Number _____

Drivers License # _____State _____

Date of Birth _____Email Address _____

Mailing Street Address _____

_____
City State Zip

Telephone Number _____Alternate Telephone Number _____

Check all that apply:

I am requesting _____ Subsidized Stafford Loan _____Unsubsidized Stafford Loan

My anticipated date of graduation is _____

By signing this request, I certify that I have read, understand, and accept the **Brookhaven College Loan Administrative Policies** for participation in the Federal Family Education Loan Program, and that I am authorizing the Financial Aid Office at Brookhaven College to provide my lender with any information that is necessary for me to obtain a Federal Stafford Loan.

Student Borrower Name (please print)_____

Student Borrower Signature_____

"Educational opportunities are offered by the Dallas County Community College District without regard to race, color, age, religion, national origin, sex, or disability.