

Loan Collections Office & Receivables  
351 West University Blvd  
Admin Bldg. 207 D  
Phone: (435) 586-7728  
Fax: (435)-865-8064  
[murray@suu.edu](mailto:murray@suu.edu)

FEDERAL STUDENT PERKINS LOAN PROGRAM  
Update Information Form

**Borrower Information:**

Name: \_\_\_\_\_ Student ID/SSN # \_\_\_\_\_

Current Address: \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Borrower's Employment Information:**

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

**Spouse's Information:**

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Reference Information:**

Name: (Relative; not living with you) \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address: \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Name: (Non-relative; not living with you) \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address: \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED IS TRUE AND  
CORRECT. I HEREBY AUTHORIZE VERIFICATION OF ALL INFORMATION PROVIDED  
TO Southern Utah University, Accounts Receivable Department.**

**BY SIGNING BELOW I AGREE TO THE ABOVE STATEMENT...**

\_\_\_\_\_  
Signature Date