# 2017-18 LOAN REQUEST FORM

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>Last Name</th>
<th>First Name, M.I.</th>
<th>Expected Graduation Date</th>
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Federal Direct Unsubsidized Stafford Loan Request Amount:  $__________ (max. $20,500 per year)

Enrollment Period Covered by this Loan: Autumn/Winter/Spring ☐ Winter/Spring ☐ Spring Only ☐

(Read only one box)

I understand that my Federal Direct Stafford Loan is not eligible for interest subsidy (i.e. Unsubsidized), and interest is not paid by the Federal Government. I understand that in order to obtain a loan through this process, I must complete a Federal Stafford Master Promissory Note, which contains my promise to repay the loan.

Federal Direct Graduate Plus Loan Request Amount $__________

Enrollment Period Covered by this Loan: Autumn/Winter/Spring ☐ Winter/Spring ☐ Spring Only ☐

(Read only one box)

I understand that in order to obtain a loan through this process, I must complete a Federal Direct PLUS Loan Credit Check and a Federal Direct PLUS Loan Master Promissory Note, which contains my promise to repay the loan.

By accepting this Federal Direct PLUS Loan, I authorize Stanford University to submit my information to the Department of Education to investigate my credit record and report information about my loans to persons and organizations permitted by law to receive that information for the purpose of determining eligibility for this Direct PLUS loan.

Private Loan Request Amount $__________ Lender Name ________________________________

Enrollment Period Covered by this Loan: Autumn/Winter/Spring ☐ Winter/Spring ☐ Spring Only ☐

(Read only one box)

I am requesting loans for the enrollment period and amount indicated above for which I am eligible to borrow.

I also authorize Stanford Law School to transfer the loan proceeds received by EFT (Electronic Funds Transfer) to my student account.

Student Signature ___________________________ Date __________

Please submit to: Office of Financial Aid
financial.aid@law.stanford.edu
650/723-0838 (fax)

For Financial Aid Office Use Only

Date Checklist Completed: __________________________ Date Accepted/Certified in PS: __________________________

Completed Checklist by: __________________________ Accepted/Certified in PS by: __________________________

7.14.17