



STAFFORD LOAN REQUEST FORM

Please print clearly

Student's Name: _____

Student's ID #: _____

Local Telephone: _____

Requested Amount: _____

Fall/Spring/Summer Request:

Mail this completed form to:

University of Arkansas

Financial Aid Office

114 Silas H. Hunt Hall

Fayetteville, AR 72701

479-575-3806

FAX: 479-575-7790

I want any Unsubsidized Stafford Loan for which I am eligible.**

*Note: This request does not guarantee additional assistance. Additional assistance is based on your loan eligibility.

**Unsubsidized Loan requests under \$500 may not be processed by your lender.

Lender Information

Name: _____

Phone: _____

Code: _____

Signature: _____ Date: _____