UNIVERSITY of VIRGINIA
STUDENT FINANCIAL SERVICES
Financial Aid

P.O. Box 400204, Carruthers Hall, Charlottesville, VA 22904-4204
Telephone: (434) 982-6000, Fax: (434) 924-7636
Website: http://www.virginia.edu/financialaid E-mail: faid@virginia.edu

LEND

2009-2010 Lender Selection Form

Student's Full Name:_____
(LEGAL NAME - PRINT) *first* *middle* *last*

University ID*(Required)*: ☐☐☐☐- ☐☐☐☐☐

Check One: **Undergraduate** ☐ **Graduate** ☐

STUDENT LOAN LENDER CHOICE

This information must be on file, along with a valid promissory note prior to certification of a student's Stafford loan eligibility. For information about loans, go to http://www.virginia.edu/financialaid/loans.php.

STAFFORD LOAN BORROWERS

Complete one item:

☐ New Borrower – Select Lender

New borrowers must designate a lender with the name and lender code of the institution from which you prefer to borrow, if left blank your loans will not be processed.

Stafford Loan Lender _____ Lender code:_____

☐ Previous Borrower – Reaffirm Previous Lender OR Change Lender

Previous borrowers must use this section to reaffirm their current lender or request a change in their preferred lender.

☐ Check here to reaffirm that you would like to continue with the lender that you used previously.
☐ Check here if you wish to CHANGE your lender, and indicate below the NEW lender name and code for the 2009-20010 year.

Stafford Loan Lender _____ Lender code:_____

GRADUATE PLUS BORROWERS

If you wish to designate a DIFFERENT Lender for your Graduate PLUS loan from the lender you chose for your Stafford Subsidized and/or Unsubsidized loans, please complete the following:

Graduate PLUS Lender _____ Lender code:_____

I understand that if I am a New Borrower, or if this is the first time I am borrowing from a new bank, I must complete appropriate Entrance Counseling in order to receive my loan funds. I further understand that canceled work-study or loan awards will not be replaced with grant assistance. I accept that I am responsible for all educational expenses not covered by my financial aid. Finally, I understand that previously reduced or canceled awards will be reinstated only if eligibility exists and, where applicable, program funding allows.

STUDENT'S SIGNATURE: _____

Date: _____