

Sarah Lawrence College
Office of Financial Aid
One Mead Way
Bronxville, NY 10708
Fax: (914)395-2676

Student Loan Acknowledgement

Student's Full Name _____

Student's Social Security Number _____

Please initial the statement pertaining to your choice:

_____ I authorize the office of Financial Aid to process and certify a Federal Direct Student
(initials) Loan Record for the amount indicated on my financial aid award letter.

_____ I decline the Federal Direct Student Loan.
(initials)

_____ I choose a Federal Direct Student Loan for a different amount than on my award letter.
(initials) Please process the loan for \$_____.

Signature of Borrower

Date

Privacy Act Disclosure Notice

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

