Office of Student Services
2401 South Main Street
Lamar, CO 81052
719-336-1590

LAMAR COMMUNITY COLLEGE

Direct Stafford Loan Acknowledgment

2009-2010

Student Name: _____ ID: S-_____

Student Address: _____ SSN:_____

Student Phone: _____ DOB:_____

Student E-Mail Address: _____

Which type of loan do you wish to accept: Subsidized Unsubsidized Both
(Circle One)

Loan Period: ❍ **Fall/Spring** ❍ Fall/Spring/Summer

❍ Spring/Summer

Amount Accepting: $_____ or MAXIMUM

Is this a revision or a new acceptance: NEW REVISION?
(Circle One)

Student Signature Date

For Staff: Fresh / Soph Dep / Ind

Accepted:_____

MPN Received:_____
(Date)

Loan Entrance Counseling Completed: _____
(Date)