



State of Wisconsin Higher Educational Aids Board

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<https://heab.state.wi.us>

STUDENT DATA SHEET FOR STUDENT LOANS

COMPLETE THIS FORM IN FULL. ALL ▲ FIELDS ARE REQUIRED.

▲ LAST NAME		▲ FIRST NAME	
▲ MIDDLE NAME		▲ PRIOR LAST NAME	
CURRENT ADDRESS	STREET	NOTE: LIST BOTH MAILING ADDRESS AND PHYSICAL IF DIFFERENT	
CITY	STATE	ZIP CODE	▲ COUNTY
▲ PERMANENT ADDRESS	▲ STREET		
▲ CITY	▲ STATE	▲ ZIP CODE	▲ COUNTY
▲ HOME PHONE	▲ CELL PHONE	▲ SOCIAL SECURITY NUMBER	▲ DATE OF BIRTH
▲ E-MAIL ADDRESS (NOT RELATED TO EDUCATIONAL INSTITUTION)		E-MAIL (ALTERNATE)	
EMPLOYER		EMPLOYER'S ADDRESS	
POSITION/TITLE		LENGTH OF TIME AT POSITION	
SPOUSE'S NAME	ADDRESS (CITY, STATE & ZIP)		▲ PHONE NUMBER
NAME, ADDRESS & PHONE NUMBER OF ONE RELATIVE/REFERENCE, NOT LISTED ABOVE, WHO WILL ALWAYS KNOW YOUR ADDRESS			

I approve this student loan nomination to the Higher Educational Aids Board.

Signature of Financial Aid Official at Nominating Institution

Date

I have been informed of all application and approval disclosures outlined on the Application Form. If it has been more than three business days since I have filled out the application, I certify by my signature, that all terms have been reviewed with me and that I have signed and dated another copy of the application.

Signature of Loan Applicant

Date