

Exit Loan Counseling Reference Form



Student Information

Last Name	First Name	ID#
Street Address		
City	State	Zip Code
Student Email Address	Student Mobile Phone #	
Do you consent to receive text messages from West Coast University?* <input type="checkbox"/> Yes <input type="checkbox"/> No		

Closest Living Relative Information (ex: Dad, Mom, Sibling)

Last Name	First Name	
Street Address		
City	State	Zip Code
Phone	Email	

Reference 1 (Different address)

Last Name	First Name	
Street Address		
City	State	Zip Code
Phone	Email	

Reference 2 (Different address)

Last Name	First Name	
Street Address		
City	State	Zip Code
Phone	Email	

Consult your wireless service provider for details regarding your individual wireless service and associated SMS charges. By completing the information above I consent to receive calls and/or text messages at the number(s) provided by the college representative with information regarding my financial aid, student account or loan repayment. I understand calls may be initiated by an automated telephone dialing system. I need not grant this consent to receive information or services from West Coast University. (*Standard rates may apply)