



# CHADRON STATE COLLEGE

Return Information to: CSC START Office  
1000 Main Street, Chadron NE 69337  
Scan & Email to: [start@csc.edu](mailto:start@csc.edu)  
Fax to: (308) 432-6474 or (308) 432-6058  
Phone: (308) 432-6060

## Loan Overlapping Form

In order to determine your loan eligibility at Chadron State College we are required to review your student loan history. As a result of our inquiry into the National Student Loan Database System it appears that you are attending another institution at the same time that you are enrolled at Chadron State College. Therefore we are unable to determine the funding received and/or confirm your withdrawal in order to ensure that you are awarded in compliance with Federal Regulations, we will need you to obtain the following information from your previous institution.

Please give authorization to release information:

Student Name (print): \_\_\_\_\_ SSN: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The following information must be completed by a Financial Aid Administrator at your previous institution.\*

### To be completed by Financial Aid Official:

Loan Period: \_\_\_\_\_ Academic Year: 2016/17 or 2017/18

Gross Loan Amount(s) Disbursed (less refunds to lender):

Subsidized: \$ \_\_\_\_\_ Unsubsidized: \$ \_\_\_\_\_

Pell Amount Disbursed: \$ \_\_\_\_\_ Official Last Date of Attendance: \_\_\_\_\_

Future Disbursements Cancelled: Yes or No Last Date of Loan Disbursement: \_\_\_\_\_  
*(circle one)*

Institution Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Aid Official Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Certifying Official: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_