

# CO-MAKER ADDENDUM

UNIVERSITY OF WEST GEORGIA  
Enrollment Services Center- Parker Hall  
1601 Maple Street Carrollton, Georgia 30118  
Phone: 678-839-6421 Fax: 678-839-6439

Name of Student: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student SS#: \_\_\_\_\_

## CO-MAKER INFORMATION

Co-Maker's Name: \_\_\_\_\_ Co-Maker's SS#: \_\_\_\_\_

Co-Maker's Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Co-Maker's Email Address: \_\_\_\_\_

Co-Maker's Employer: \_\_\_\_\_

Co-Maker's Employer Address: \_\_\_\_\_

## NOTICE TO CO-MAKER

If the loan becomes delinquent, both the student and the co-maker are responsible for any collection and litigation costs.

## CO-MAKER

This section must be notarized.

I (co-maker) \_\_\_\_\_, agree to repay the loan and interest in installments as agreed applicant (student) and the Short-Term Loan Office. I understand that it is the responsibility of the student, not the University of West Georgia, to inform me of the repayment amounts and due dates. I understand that the student will not allowed to register for future semesters nor have a transcript of grades or diploma released until the loan is fully repaid. I understand that this application is subject to a credit verification and to being reported to a credit bureau. I further understand that if this loan becomes delinquent, the student and I are responsible for all collection and litigation costs.

Co-Maker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

## NOTARY-Please Seal

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_