

CO-MAKER ADDENDUM

UNIVERSITY OF WEST GEORGIA
Student Solutions- Momentum Center
1601 Maple Street Carrollton, Georgia
Phone: 678-839-6421 30118 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: _____