

WestMed College

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San Jose, CA 95129 (408) 977-0723

Credit Check Form

I _____, authorize WestMed College to run a Credit Check on me for the purpose of verifying my ability to make payments for the Program to which I am applying.

Program: _____

Print Name: _____

Address: _____ City _____ State ____ Zip _____

Social Security Number: _____

Date of Birth: _____

I understand that I will be solely responsible for the cost of the program. If my Credit does not meet the requirements, I understand that I will need to provide a co-signer.

Signature: _____ Date: _____

Cosigner Agreement

I _____, authorize West College to run a Credit Check on me for the purpose of verifying my ability to make payments for the _____ (student's name).

Print Name: _____

Address: _____ City _____ State ____ Zip _____

Social Security Number: _____

Date of Birth: _____

I understand that I will be solely responsible for the cost of the program. If my Credit does not meet the requirements, I understand that I will not be able to be the Co-signer for the above named student.

Signature: _____ Date: _____