

**Office of Student Financial Services
Medical College of Wisconsin
No Credit History form**

My signature below affirms the reason a credit history could not be obtained is due to the fact that I do not have, nor have ever had, any form of credit extended to me. This includes, but is not limited to:

- ❖ Credit Cards
- ❖ Consumer Loans (auto, personal, mortgage, etc.)
- ❖ Educational Loans

I understand that if said information is found to be incorrect, appropriate action will be taken which could include forfeiture of my position in the entering class.

I understand that I must order a credit report. I understand this form should be returned with a statement from a national credit-reporting agency stating that they do not have a credit record for me or cannot find me in their system.

Signature

Date

Print Name

**Please return this form to:
Financial Aid Office
Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, WI 53226**