

Exit Counseling

Form

First Name: _____ Middle Initial: _____ Last Name: _____

E-mail address: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Driver's License Issuing State: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Current Address

Address: _____

City, State, ZIP Code: _____

Permanent Address

Address: _____

City, State, ZIP Code: _____

Reference 1

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City, State, ZIP Code: _____

Phone: _____ Relationship: _____

Reference 2

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City, State, ZIP Code: _____

Phone: _____ Relationship: _____

Next of Kin (Closest

Relative) First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City, State, ZIP Code: _____

Phone: _____

Employer (if known)

Name: _____

Address: _____

City, State, ZIP Code: _____

Phone: _____

Rights and Responsibilities

I understand that I have the right to the following:

- Written information on loan obligations, including loan consolidation and information on my rights and responsibilities
- A copy of the promissory note and return of the note when the loan is paid in full
- Before repayment: information on interest rates, fees, the balance owed on loans, a loan repayment schedule, and an explanation of default and its consequences
- Notification, if I am in my grace period or repayment, no later than 45 days after the loan holder assigns, sells, or transfers my loan to another lender
- A grace period, if applicable, prepayment of the loan without penalty; and federal interest benefits, deferments and forbearances if I qualify

I understand that I am required to do the following:

- Repay the loan according to the repayment schedule and notify the loan holder of anything that affects my ability to repay or eligibility for deferment, or cancellation
- Notify the school and loan holder if I graduate, withdraw, drop below half-time, transfer to another school, or change my name, address, or Social Security number
- Notify the loan holder if I fail to enroll for the period covered by the loan
- Attend an exit interview before leaving school

I understand that counselors are available in the Financial Aid Office to answer any questions I may have about the loans.

I understand that this transmission certifies that I have met my obligation to participate in exit counseling as prescribed by federal statute.

If I need more information about my federal student loans, I can visit the National Student Loan Data System (NSLDS) at www.nsls.ed.gov or call them at (800) 4 FED-AID.

If during repayment I develop student loan problems that can't be resolved through the lender or guaranty agency, I might want to contact the U.S. Department of Education Federal Student Aid (FSA) Ombudsman. They will collect documentation and work to resolve the situation with me.

FSA Ombudsman Group
United States Department of Education
P.O. Box 1843
Monticello, KY 42633
(877) 557-2575
<http://studentaid.ed.gov/repay-loans/disputes/prepare>

I hereby certify that I have read the exit materials, and I understand that my student loans must be repaid. I understand that I have specific rights and responsibilities under the Direct Loan Program that are outlined above.

Signature: _____ Date: _____

Print Name: _____