

STUDENT SIGNATURE

Office of Financial Aid & Scholarships Student Loan Exit Interview

DATE

UNIVERSITY				
Student name (Last name, First name, Middle name/initial)				
A-State ID number				
Home address	Email address			
City	State	Zip		
Cell phone number ()	Driver's license #	Driver's license state		
Initial You must repay your loan, including all accrued or	capitalized interest, as well as fees th	at you have incurred.		
You understand that you are legally obligated to pay • You do not graduate or complete your education • You cannot find employment			u received from your school	
 It is your responsibility to inform your servicer with Change your address, phone number, name, or services Change your expected employer Change your anticipated graduation date 				
You may prepay all or part of your loan without pen	alty.			
You may apply for deferment (postponement) of you options. Contact your servicer for details on various		l that you may or may not	qualify for deferment	
You may request forbearance from your lender or se servicer will determine if you will receive the forbearance	ervicer if you are not able to make parance.	syments but do not qualify	for deferment. Your	
You may obtain a full or partial forgiveness or disch	arge of your loan depending on your	r specific circumstances.		
You will be notified in writing if your loan is transfe servicer.	erred, and you understand that, upon	transfer, you must correspond	ond directly with the new	
You can access your complete loan history online fr	om studentaid.gov. You will need yo	our FSA ID username and p	password.	
You can contact the Federal Student Aid Ombudsmathrough regular channels.	an's office at 1-877-557-2575 if you	have problems with your le	oan that cannot be resolved	
If you do not repay your loans, you will be in defaul • Your default will be reported to all national cred • Your wages, federal tax refund, or state tax refu	dit bureaus. • You will not be eligi	ble for any other federal fi	nancial aid.	
Personal References (You must provide two references at two di	ifferent addresses)			
Full name		Phone number (Phone number ()	
Address	City	State	Zip	
Full name		Phone number (Phone number ()	
Address	City	State	Zip	
Next of Kin				
Full name		Phone number (Phone number ()	
Address	City	State	Zip	
Expected Employer				
Full name		Phone number ()	
Address	City	State	Zip	
I have read the above and provided personal reference, next counseling from a school official, a presentation, or compute and responsibilities as a FFELP/Federal Direct Loan borrow form, as well as all information received during my counsel my responsibility to repay my loan(s) according to the terms	er-assisted technology and have aske ver. My signature indicates that I hav ing. I also understand how to access	ed a counselor all of my qu re read and understand the my complete loan history	estions related to my rights information above on this	