

Loan Exit Counseling Session**Personal & Confidential**

Borrower's Last Name First Middle

Social Security Number

Spouse's Last Name First Middle

Spouse's Address & Phone (if different)**Student's Addresses**

Local Address

Permanent Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number**Parent's Addresses**

Father, Stepfather or Guardian

Mother, Stepmother or Guardian

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number**Two References Other than Relatives or Students**

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number**I understand that:**

- ☐ I received a student loan and must repay my loan on a timely basis as called for in the repayment agreement which was mutually agreed upon by myself and my lending institution.
- ☐ I must contact the lending institution prior to the due date if any payment cannot be made for any reason.
- ☐ I must inform my lending institution or billing agent immediately of any change in my name or address.
- ☐ I may accelerate or make payments prior to the due date without penalty. Extra payments will not take the place of my regularly scheduled installment.
- ☐ My loan may be subject to late charges if payments are past due depending upon the provisions of my promissory note.
- ☐ I may be subject to pay the total cost of collection and/or litigation if my account becomes past due and persists to be past due without appropriate arrangements to bring the account current.

The borrower acknowledges receipt of an exact copy of this loan interview.

Borrower's Signature _____ **Date** _____**Administrator's Signature** _____ **Date** _____