

LOAN ENTRANCE/EXIT INFORMATION

NAME _____ SOCIAL SECURITY # _____

Please certify that you have read and understand the statements below by initialing the box beside each statement.

STUDENT ID # _____

- I understand that it is my responsibility to ensure that my lender is informed when I:
Change my address and phone number; change my graduation date; move to a different school; or change my enrollment status to less than half time.
- I understand that nonreceipt of bills, forms or other correspondence is not a defense against default.
- I understand I must repay my student loans in all cases except qualifying discharge situations such as death, permanent and total disability, false certification of ability to benefit, school closure, unpaid refund discharge, or teacher loan forgiveness.
- I understand my payments are based on my loan balance and I have reviewed the attached sample payment chart.
- I understand I may be eligible for an alternate payment schedule such as: Graduated payment schedule; income sensitive schedule; or interest only schedule.
- I understand that in certain cases I may qualify for a forbearance or a deferment which would allow me to not make payments on my loan.
- I understand forbearances are at the discretion of my lender and may be denied. Interest will continue to accrue during a forbearance period.
- I understand if I default on my student loan, the guarantor of my loan may pursue the following to enforce payment:
 - Garnish my wages and/or refer my account to a professional debt collection agency;
 - Federal Treasury offset; offset of state tax returns, lottery winnings or other moneys due to me from government; or
 - Suspend any Montana state issued license (e.g. professional, occupational licenses, drivers license, fishing and hunting licenses).
- I understand that a defaulted student loan will show on my credit report for 7 years from the date that it is paid in full and cannot be removed. This adverse credit rating may prevent me from obtaining financing for a home, car, credit card or other financing.
- I understand that if I default, I will not be eligible for any federal financial aid including Pell Grants.
- I understand that I can get information on all my student loans at www.nslds.ed.gov
- I understand if I am unable to resolve a dispute with my lender/servicer I may call the Federal Ombudsman at 1-877-557-2575 (toll free), or (202) 377-3800; fax (202) 275-0549; or write U.S. Dept. of Education FSA Ombudsman, 830 First Street N.E., Washington, D.C. 20202-5144; fsaombudsmanoffice@ed.gov; <http://www.ombudsman.ed.gov>

FAILURE TO COMPLETE THIS FORM SATISFACTORILY MAY RESULT IN A DELAY OF YOUR FINANCIAL AID.

<p>Your current information</p> <p>Drivers License # _____ State _____ D.O.B. _____</p> <p>Expected Permanent Address _____ (Street or P.O. Box) _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone# _____</p> <p>Expected Employer _____</p> <p>Parents or closest relative's current information</p> <p>Name _____</p> <p>Address (Street or P.O. Box) _____ _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone# _____ Relationship _____</p>	<p>Another Relative who will always know your address</p> <p>Name _____</p> <p>Address (Street or P.O. Box) _____ _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone# _____ Relationship _____</p> <p>Reference (other than relatives or students)</p> <p>Name _____</p> <p>Address (Street or P.O. Box) _____ _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone# _____ Relationship _____</p>
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I certify that to the best of my knowledge the above information is true and exact. I certify I have read and understand each of the above statements which I have initialed.

Signature _____ Date _____



This form is provided by Student Assistance Foundation, a nonprofit corporation established to assist students with financing their education.
Phone (800) 852.2761

FINANCIAL AID OFFICE USE ONLY

EXIT ENTRANCE