

**AUBURN UNIVERSITY**  
**STUDENT FINANCIAL SERVICES - STUDENT LOAN DEPT.**  
**LOAN FILE UPDATE INFORMATION - EXIT INTERVIEWS FOR**  
**FEDERAL PERKINS, HEALTH PROFESSIONS OR INSTITUTIONAL LOANS**

(Please fill out front and back)

Date of Graduation or Withdrawal from Auburn University \_\_\_\_\_ Curriculum/Major \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Marital Status: Married Single Divorced Spouse's name \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse's employer \_\_\_\_\_ Work number \_\_\_\_\_

(If PO box is listed below, please list street address also)

**Student's Mailing Address:** MAIL STATEMENTS HERE

**Student's Permanent Address:** MAIL STATEMENTS HERE

PO Box/Street \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

E-Mail address \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date employment begins: \_\_\_\_\_

**? If your address changes after leaving Auburn University, you MUST contact the Student Loan Department at (334) 844-3764 to make the change on the Student Loan System. It CANNOT be updated via OASIS or through other departments on campus.**

**IF THE INFORMATION IN THIS SECTION DOES NOT APPLY TO YOU, YOU ARE NOT REQUIRED TO COMPLETE IT.**

**↑ After graduation or withdrawal from Auburn University, I plan to return to school as a student of at least half-time status at:**

\_\_\_\_\_ (Name of School) \_\_\_\_\_ (City) \_\_\_\_\_ (State)

(I understand that if my loan is a Health Professions Student Loan, to qualify for a student deferment, I must be enrolled FULL-TIME in an approved Health Professions field of study. I will contact Student Financial Services to verify eligibility.)

**↓ Deferment Request:** If my position/enrollment qualifies, **I am requesting a deferment/cancellation** of my loan for the time period \_\_\_\_\_ to \_\_\_\_\_. I agree to waive any remaining amount of my original nine-month grace period in order to take advantage of this deferment/cancellation benefit. (See Promissory Note for eligible entitlements)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**⊞ After graduation or withdrawal from Auburn University, I plan to enter the service area of:**

Teacher (Elementary or Secondary)

(Please provide copy of license)

Teacher (Handicapped or Special Education)

Law Enforcement/Corrections Officer

Teacher Shortage Area (Math, Science, Foreign Language,

Family Service Agency (High risk children, low income)

Bilingual.) Other: \_\_\_\_\_

Early Intervention (For ages 0 - 2 years only)

Teacher - School Low Income or on Indian Reservation

Military Combat for at least one year in an area of hostility

Head Start Teacher Salary: \$ \_\_\_\_\_

Peace Corp/Domestic Volunteer Service

Nurse (Please provide copy of License)

Med Tech - Position: \_\_\_\_\_

**FOR TEACHERS, PLEASE LIST: (if known)**

School District \_\_\_\_\_ School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age Group: \_\_\_\_\_

**Other or Additional Remarks:** \_\_\_\_\_

(CONTINUED ON OTHER SIDE)

**DIRECTIONS:** Please type or print legibly. If listing "P.O. Box" for any reference, please also list the street address. There **MUST BE SIX** references listed with **COMPLETE** addresses and phone numbers.

**Borrower's Parents:** If father or mother is deceased or there is no contact, please state that.

(1) (Father)

(2) (Mother)

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

**(3) Nearest relative NOT LIVING WITH parents, who will always know my address:** (Do not duplicate addresses or phone numbers from above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**Personal references (prefer relatives) who will always know my address:** **DO NOT LIST STUDENTS!** Do not duplicate parents or nearest relative, or each other. Relatives are preferable. There must be a total of six different references on this page, or exit information will be incomplete and holds on graduation, transcripts, and registration will not be removed.

(4)

(5)

(6)

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**I UNDERSTAND THAT IT IS MY LEGAL AND MORAL RESPONSIBILITY TO KEEP THE STUDENT LOAN DEPARTMENT, STUDENT FINANCIAL SERVICES, AUBURN UNIVERSITY, INFORMED OF MY CURRENT ADDRESS AND MY CURRENT EMPLOYER-S NAME AND ADDRESS SO LONG AS ANY PORTION OF THIS LOAN REMAINS OUTSTANDING.**

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

(Borrower)

Revised 03/2005