GULC Borrower Exit Interview Form
For the Federal Family Education Loan Program

- You must complete this entire form. Do not leave any information blank. Answer N/A if you are not able to complete the information.
- Use an ink pen.
- Please print the information requested, read the Exit Interview Certification and sign your full legal name.

BORROWER INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Drivers License Number _____ State of Issuance _____

Street Address at which you will receive mail after leaving GULC. If unknown, provide permanent address.

City _____ State _____ ZIP Code _____

( ) _____ E-mail Address _____
Telephone Number

EXPECTED EMPLOYER

Name of Company/Agency _____ ( ) _____
Telephone Number

Street Address _____ City _____ State _____ ZIP Code _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU

Last Name _____ First Name _____ Middle Initial _____ Relationship _____ ( ) _____
Phone Number

Street Address _____ City _____ State _____ ZIP Code _____

REFERENCES – Provide the information for two adults with different addresses. Preferred references are parents, guardians, and adult relatives not listed above. The references you provide may be contacted and should know where to reach you at all times.

Name _____ Name _____

Street Address _____ Street Address _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

( ) _____ ( ) _____
Telephone Number Telephone Number

LENDER(S)/SERVICER(S) – Enter the name of each Lender/Servicer with whom you have an education loan. If there are more than two, attach a separate sheet of paper.

Name of Lender/Servicer _____ Name of Lender/Servicer _____

BORROWER EXIT INTERVIEW CERTIFICATION

I certify the above information is true, complete and correct to the best of my knowledge and belief and is made in good faith. I further certify that I have received loan counseling information regarding the student loan(s) I received. This information included data about my repayment options, deferment opportunities, debt management and budgeting, monthly student loan payment estimates, and the consequences if I default on my student loan(s). I understand that it is my responsibility to keep in contact with my Lender(s) and/or Servicer(s). **I understand my student loan(s) must be repaid.**

Signature of Borrower _____ Date _____

Return to: GULC Financial Aid Office – 600 New Jersey Ave NW, Washington DC 20001. FAX 202-662-9367