

# PERSONAL DATA SHEET

It is a Federal requirement that I complete exit counseling and provide all the required information my school requests if I cease half-time enrollment, withdraw or graduate.

**NAME:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City \_\_\_\_\_

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

**Permanent/Parents Address:** \_\_\_\_\_

City \_\_\_\_\_

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

**Major:** \_\_\_\_\_

## TYPE OF STUDENT LOAN:

Perkins \_\_\_\_\_ Stafford \_\_\_\_\_ Nursing \_\_\_\_\_ HPL \_\_\_\_\_

Nursing Faculty Loan \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

#): \_\_\_\_\_

**Email:** \_\_\_\_\_

: \_\_\_\_\_

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

## PART II: REFERENCES

Print names and addresses of 4 different references including parents/guardians if applicable. (If you have no references, please write "None")

I understand that:

- \_\_\_ 1. I must inform South Dakota State University immediately of any change in my name, address, or telephone number.
- \_\_\_ 2. I know the full amount of my loan and I must repay my loan on a timely basis even if I did not complete my education and/or am not satisfied with my education, or cannot find a job in my field.
- \_\_\_ 3. I understand I must make payments on my loan even if I do not receive a bill or repayment notice. Billing statements are sent to you as a convenience.
- \_\_\_ 4. I understand the minimum monthly payment will be \$40.00. However, it may be more if the amount borrowed is sufficient to require larger payments. This loan must be repaid in a 10-year repayment period. The interest rate is specified on my promissory note.
- \_\_\_ 5. I must contact South Dakota State University prior to the due date, if payment cannot be made for any reason.
- \_\_\_ 6. I may accelerate or make payments prior to the due date without penalty. This can reduce the total amount of interest I will be required to pay over the life of the loan.
- \_\_\_ 7. I must submit timely certification when requesting deferment, postponement and/or cancellation benefits and notify SDSU of anything that might alter my eligibility for an existing deferment. The appropriate form to request any of these privileges can be obtained from SDSU or our website.
- \_\_\_ 8. I authorize South Dakota State University to co-25 (ny)28 (26 ( SDSUSb[5cEMC /P A]MCn)J]J)-2MCID 13 253.85 571.4243s0 0 612