## **REHABILITATION REQUEST**

NAME	LOAN NUMBER	SOCIAL SECURITY NUMBER
ADDRESS (check if new) ( )	CITY	STATE ZIP
HOME TELEPHONE NO.	CELL TELEPHONE NO.	WORK TELEPHONE NO.
E-MAIL ADDRESS		
SIGNATURE OF BORROWER		DATE OF REQUEST

This request signifies my intention to utilize the rehabilitation privilege subject to the terms, conditions, and rates, as I understand them and that are set forth in the following paragraphs.

I agree to make 9 consecutive on time monthly payments, which must cover collection charges, late fee, interest and a portion of the principal, which will be determined by the Student Loan Collection Office at South Dakota State University. Payments are due by the first of each month. This is not the "postmark" date, but the date we receive the payment. There is no flexibility for these regulations. I can only rehabilitate my loan once during the life time of the loan.

I understand that once my loan is successfully rehabilitated, I will 1) return to regular repayment status, 2) receive a new repayment period of up to nine years, (10 years including the rehabilitated payments) as long as the new monthly payment is greater then or equal to the original payment size, 3) have the default removed from my credit history, and 4) obtain re-establishment of Title IV Student Financial Assistance, 5) have any hold on transcripts, due to defaulted Perkins loans removed.

Make check/money order payable to Perkins Loan and mail to SDSU Student Loan Collections, Rm 140 Morrill Hall, Brookings, SD 57007.

FOR INSTITUTIONAL USE ONLY:		
Date:		
Monthly payment amount:	First Payment Date:	
Ninth Payment Date:	_ Approved By:	
Rehabilitation successfully completed on		