

**EXIT INTERVIEW QUESTIONNAIRE
FOR FEDERAL PERKINS/ UNIVERSITY LOAN(S)**

Office of Loans & Scholarships, Pennsylvania State University, 108 Shields Bldg, University Park, PA 16802-1222
Phone: 814.865.0461* Fax: 814.865.6535* e-Mail: www.studentloans.psu.edu

PERSONAL INFORMATION:

Name: _____ PSU ID: _____
Date of Birth (YYYYMMDD): _____ Drivers License # and State: _____
Billing Address:
Street 1: _____ Street 2: _____
City, State Zip: _____ Country: _____ Province: _____
Home Phone #: () - Work Phone #: () - Other Phone #: () -
E-Mail Address: _____@_____._____
I would like to be billed on a Monthly basis ____/ Quarterly Basis ____

MANDATORY REFERENCES: Please provide us with two (2) relatives or other references, not residing at your address, your parents' address, if applicable, or the same address who will always know your whereabouts.

Reference 1: Name _____ Address: _____ City/State/Zip: _____ Home Telephone #: _____ e-Mail Address: _____	Reference 2: Name _____ Address: _____ City/State/Zip: _____ Home Telephone #: _____ e-Mail Address: _____
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PARENTAL INFORMATION (if applicable):

Mother's Name: _____ Address: _____ City/State/Zip: _____ Home Telephone #: () - e-Mail Address: _____ Employer: _____ Business Address: _____ City/State/Zip: _____ Business Phone #: () -	Father's Name: _____ Address: _____ City/State/Zip: _____ Home Telephone #: () - e-Mail Address: _____ Employer: _____ Business Address: _____ City/State/Zip: _____ Business Phone #: () -
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Indicate what your future plans are: (Check all that apply)

I plan to re-enroll **or** I am enrolled at the following school _____
 I am employed **or** I plan on being employed at _____ Phone# () -
 Other _____

I acknowledge the importance of the repayment obligation that I have incurred through participation in the Federal Perkins/University Loan Programs and have completed the items on this form truthfully and accurately.

Signature of Borrower

Date