

PLEASE RETAIN ONE COPY OF THIS DOCUMENT FOR FUTURE REFERENCE

ACCOUNT NO.

LOAN TYPE

**STUDENT LOAN EXIT INTERVIEW  
TRUTH IN LENDING STATEMENT**

RUN DATE

789-00-0019

PER24A

46-TEST UNIVERISTY

2/21/2007

**NAME** LYNCH, ROBIN  
**ADDRESS** 181 MONTOUR RUN  
**ADDRESS**  
**CITY** CORAOPOLIS **STATE** PA  
**ZIP CODE** 15108  
**PHONE NO.** (412)788-3900  
**REFERENCE NO.** 000-00-0019

**MAKE CHECKS PAYABLE AND MAIL TO**  
46-TEST UNIVERISTY  
C/O E.C.S.I.  
181 MONTOUR RUN ROAD  
CORAOPOLIS, PA  
15108-9408  
Phone: 888-549-3274 Office Hours: Mon-Fri 7:30am - 7:30pm EST  
**DO NOT SEND CASH**  
Check your account on the web: [www.ecsi.net](http://www.ecsi.net) Pin #:92536

DATE LOAN ACCEPTED	AMOUNT	DATE LOAN ACCEPTED	AMOUNT	DATE LOAN ACCEPTED	AMOUNT	DATE LOAN ACCEPTED	AMOUNT
02/05/07	1,000.00						
09/20/06	1,000.00						
02/07/05	500.00						
09/29/04	500.00						

<b>GRACE PERIOD IN MONTHS</b>	9	<b>MAXIMUM TERM OF LOAN IN MONTHS</b>	91
<b>SEPARATION DATE</b>	02/28/2007	<b>CHARGE PENALTY OR LATE FEE</b>	YES
<b>GRACE PERIOD BEGINS</b>	02/28/2007	<b>ANNUAL PERCENTAGE FEE</b>	5.000
<b>GRACE PERIOD ENDS</b>	11/01/2007	<b>FREQUENCY</b>	--MONTHLY--
<b>FIRST PAYMENT DUE</b>	12/01/2007	<b>PLAN</b>	1 = FIXED PAYMENT INCLUDING INT

**TOTAL FINANCED** 3,000.00      **LESS PRINCIPAL PAID** 0.00      **EQUALS BALANCE** 3,000.00

NO.	BALANCE DUE	PAYMENT TOTAL	PRINCIPAL DUE	FINANCE CHARGE	NO.	BALANCE DUE	PAYMENT TOTAL	PRINCIPAL DUE	FINANCE CHARGE
1	3,000.00	40.00	27.50	12.50	2	2,972.50	40.00	27.61	12.39
3	2,944.89	40.00	27.73	12.27	4	2,917.16	40.00	27.85	12.15
5	2,889.31	40.00	27.96	12.04	6	2,861.35	40.00	28.08	11.92
7	2,833.27	40.00	28.19	11.81	8	2,805.08	40.00	28.31	11.69
9	2,776.77	40.00	28.43	11.57	10	2,748.34	40.00	28.55	11.45
20	2,457.43	40.00	29.76	10.24	30	2,154.18	40.00	31.02	8.98
40	1,838.07	40.00	32.34	7.66	50	1,508.52	40.00	33.71	6.29
60	1,164.99	40.00	35.15	4.85	70	806.87	40.00	36.64	3.36
80	433.54	40.00	38.19	1.81	90	44.37	40.00	39.82	.18
91	4.55	4.57	4.55	.02					

**TOTAL NUMBER OF PAYMENTS** 91  
**TOTAL PAYMENT AMOUNT** 3,604.57  
**TOTAL PRINCIPAL** 3,000.00  
**TOTAL INTEREST COST** 604.57

- Borrower acknowledges receipt of an exact copy of this statement.
- An exact copy of this form was mailed to borrower.
- Amount financed given directly to you.
- Amount financed paid to the school on your behalf.

**NOTE: THE FINANCE CHARGE IS COMPUTED AT THE-RATE-PER ANNUM ON THE UNPAID PRINCIPAL BALANCE AS STATED ABOVE. THIS SCHEDULE WILL BE VALID-ONLY IF EVERY PAYMENT IS MADE IN FULL AND ON TIME. DUE DILIGENCE REGULATIONS REQUIRE DEFAULTED ACCOUNT BE REFERRED TO THE CREDIT BUREAU.**

BORROWER'S SIGNATURE

DATE

LENDING INSTITUTION (OFFICER) SIGNATURE/DATE

BORROWER'S EMAIL:

ENTER-NAME, ADDRESS, PHONE - EMAIL - CORRECTIONS HERE

# Student Loan

## Borrowers Rights and Responsibilities

**IMPORTANT:** As a recipient of a Perkins (formerly National Direct), Health Profession, or Institutional student loan you have certain rights and obligations. We recommend that you read your promissory note(s) carefully in order to become familiar with a number of features, duties, and more specifically, “**WHAT IS**” and “**IS NOT**” available relating to a deferment (B) and cancellation (C) privileges. (See below.) Please refer to the promissory note(s) for information about nonpayment, default, the right to accelerate the maturity of the obligation, and prepayment.

### RIGHTS OF THE BORROWER

#### A. Repayment Terms:

- I. **Grace Period** – You may have a grace period (as indicated on the Exit Interview form) after you graduate or terminate at least half-time (Health Professions and Nursing Students must be full-time) studies before beginning of repayment of your loan. During this period, repayment need not be made and interest will not accrue.
- II. You may make payments during your **GRACE PERIOD** or periods in which you are eligible for a deferment or partial cancellation and thereby save money since **no interest** is charged. There is no penalty for prepayment of this loan. Such payments will also benefit other needy students at your school as it enables the school to provide loans to them immediately. **You may also pay more than the scheduled amount at any time. Such payments will reduce interest costs, ease the burden of future payments and increase funds for present and future students.**
- III. **Annual simple interest (as indicated on the Exit Interview form) will be charged after your Grace Period expires. Your repayment will begin according to the schedule on the Exit Interview form. There may be a penalty charge imposed due to a late payment.**

#### B. Deferment Privileges

You may defer (delay) payments on your loan by **submitting properly completed and certified forms requesting deferment.** Submission of these forms is required **once each term.** Deferments are granted based on your promissory note provisions.

#### C. Partial/Full Cancellation Privileges

Borrowers who perform “**CERTAIN SERVICES**” may qualify for cancellation benefits. A portion or all of the loan and accrued interest will not have to be repaid.

#### D. RESPONSIBILITY OF THE BORROWER

- I. **Address Change** – You are obligated to promptly notify your lending school or their billing agent of any change.
- II. **Timely Remittances** – You will be billed for each payment due. The frequency of such payments – i.e., monthly, quarterly, etc. – and the amounts due are determined by the provisions in the Promissory Note and any other agreements made when leaving the lending institution. Your schedule of payments, as shown on the Exit Interview Amortization Schedule, may be altered by submission of forms requesting deferment or cancellation, or by making late payments. All payments should be made on or before the due date shown on each billing statement. Checks should be made out to the lending school and sent to the address shown on the billing statement.
- III. **Submission of Forms** – Properly completed and certified forms requesting deferment and cancellation benefits must be submitted to the billing office at the address shown on the billing statement within 30 days of your payment due date.
- IV. **Change of Status** – You must notify the billing office upon terminating any status requiring special consideration that exists for students, military, Peace Corps, Vista Personnel or teachers.

**Any failure to fulfill the above responsibilities of the borrower could result in a delinquent status and additional collection costs. The lending institution will cooperate with you in every way possible, but late payment and other types of neglect – i.e., failure to report an address change or to submit forms on time – could result in action by a collection agency or a lawyer.**

# Loan Interview

# Personal & Confidential

Name <b>LYNCH, ROBIN</b>		Social Security No. <b>789-00-0019</b>	Major
Local Address: Apt No.		Permanent Address: (if different)	
City/State/Zip		City/State/Zip	
Phone No.	Maiden Name	Phone No.	
Employer's Name		Employer's Phone No.	
Employer's Address		Employer's City/State/Zip	
Date of Birth	Anticipated Graduation Date	Clubs and Organizations	
Plans for the next 2 years		Other College you expect to attend	
Spouse's Name	Spouse's Social Security No.	Spouse's Work Phone No.	
Spouse's Employer	Address	City/State/Zip	
Student Loans Other than Perkins/NDSL		GSL/Stafford\$	Others (Types) \$
Banks	City/State/Zip	Account No.	
Father, Stepfather or Guardian (Please Circle)	Phone No.	Employer	
Address		City/State/Zip	
Mother, Stepmother or Guardian (Please Circle)	Phone No.	Employer	
Address		City/State/Zip	
<b>Two References From Home Locality Other Than Relatives or Students</b>			
1. Name	Phone No.	Employer	
Address	City/State	Relationship	
2. Name	Phone No.	Employer	
Address	City/State	Relationship	
<b>One Relative Other Than Parents Who Will Always Know Your Address</b>			
1. Name	Phone No.	Employer	
Address	City/State	Relationship	
2. Name	Phone No.	Employer	
Address	City/State	Relationship	

I understand that:

- 1. I received a student loan and must repay my loan on a timely basis as called for in the repayment agreement, which was mutually agreed upon by me and my lending institution.
- 2. I must contact the lending institution prior to the due date, if any payment cannot be made for any reason.
- 3. I must inform my lending institution or billing agent immediately of any change in my name or address.
- 4. I must submit timely certification when requesting deferment, postponement, and/or cancellation benefits.
- 5. I may accelerate or make payments prior to the due date without penalty.
- 6. I may make payment in excess of the amount due. This can reduce the total amount of interest I will be required to pay over the life of my loan, but may not automatically apply to my next scheduled payment.
- 7. I may be eligible to defer, postpone and/or cancel repayment of my loan. The appropriate form to request any one of these privileges can be obtained from the lending institution or billing agent.
- 8. Provisions of my promissory note may require payment of my loan in minimum monthly (or quarterly) installments.
- 9. My loan may be subject to late charges if payments are past due depending on the provisions of my promissory note.
- 10. I may be required to pay the total cost of collection and/or litigation if my loan(s) becomes past due and remains past due without appropriate arrangements to bring it current.
- 11. Depending upon the promissory note provisions, I may be subject to being reported to a Credit Bureau if my loan(s) becomes past due.

I understand that I will be contacted during the next few months, with further information and instructions.

**THE BORROWER ACKNOWLEDGES RECEIPT OF AN EXACT COPY OF THIS LOAN INTERVIEW.**

Borrower  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Institution  
Representative  
Signature \_\_\_\_\_