

**SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE (ED CODE G01758)  
EXIT INTERVIEW - STUDENT BORROWER INFORMATION**

**PLEASE PRINT**

Name: _____				
Last	First	MI	Dawg Tag #	Date of Birth
Driver's License Number/State: _____		Email: _____		
<b>Permanent</b> Street Address		City/State/Zip	Area Code & Phone No.	

<b><u>BORROWER'S EXPECTED EMPLOYER'S ADDRESS</u></b> (If unknown leave blank-- we will complete this for you after Match.)	
Employer's Name: _____	City/State

<b><u>BORROWER'S PERSONAL REFERENCES (3 REQUIRED) - Relatives and/or Employed Adults</u></b>			
1)			
Name	Street Address	City/State/Zip	Area Code & Phone No.
Employer's Name: _____			
2)			
Name	Street Address	City/State/Zip	Area Code & Phone No.
Employer's Name: _____			
3)			
Name	Street Address	City/State/Zip	Area Code & Phone No.
Employer's Name: _____			

**EXIT INTERVIEW CERTIFICATION**

I certify that I have received loan-counseling information. Information was provided about the student loans that I borrowed to attend school. This information included typical repayment tables, alternative payment options, deferment information, debt management information, and the consequences of defaulting on a loan.

I further certify that I understand it is my responsibility to maintain contact with my lending institution(s) or the subsequent holder of the loan(s). I will notify them of any change in my name, address, and student status. I will also contact my lender(s) to arrange for any possible deferments.

\_\_\_\_\_  
Borrower's Signature