



FFELP Exit Interview Survey

Complete this form in dark ink and submit it at your exit counseling session. If you will not be attending exit counseling, mail the completed form to your school's financial aid office.

Borrower Information

SSN _____ Today's Date _____

Last Name _____ First Name _____ MI _____ Former Last Name (if applicable) _____

Telephone Number () _____ Driver's License Number/State (if you do not have a driver's license, write NONE) _____

Current Address _____

City _____ State _____ ZIP Code _____

Permanent Address After Leaving School (if both street address and P.O. Box, you must list both.) _____

City _____ State _____ ZIP Code _____

E-mail Address (current) _____ (after leaving school) _____

Do you plan to continue your education? Yes No If so, where? _____ When? _____

References

Provide information on two different references. At least one of these references must be your next-of-kin. Each reference must have a different U.S. address and telephone number.

	Reference 1	Reference 2
Name	_____	_____
Address (Street or P.O. Box)	_____	_____
City, State, ZIP Code	_____	_____
E-mail Address	_____	_____
Telephone Number ()	_____	_____
Employer	_____	_____
Relationship to you	_____	_____

Current Employer

Employer Name _____ Telephone Number () _____

Address (Street or P.O. Box) _____

City _____ State _____ ZIP Code _____

Expected Employer

Employer Name _____ Telephone Number () _____

Address (Street or P.O. Box) _____

City _____ State _____ ZIP Code _____

Signature of Borrower

Signature _____ Date _____

School Information — Financial Aid Officer (FAO) Use Only

Within 60 days of the student's exit counseling, mail the original of this form to the student's guarantor.

Name of School _____ School ID _____

Telephone Number () _____ Contact _____