

**PERSONAL DATA SHEET --- STUDENT LOAN COLLECTIONS --- EXIT COUNSELING  
PLEASE COMPLETE IN FULL --- PLEASE PRINT --- RETURN TO 15 JESSE HALL**

Name: \_\_\_\_\_ Student ID# @ MU: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate (Mo/Dy/Yr): \_\_\_\_\_  
 Permanent Mailing Address: \_\_\_\_\_ Local Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Address to Send Billing Statements:  Permanent  Local  
 If appropriate, please check major:  Med  Vet Med  Law Drivers License # & State: \_\_\_\_\_

Employer: Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

Parent/Guardian: Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

Spouse: Name \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
 Employer's Name & Address \_\_\_\_\_

Spouse's Parent/Guardian: Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

Brother/Sisters Not Living at Home:  
 Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

Two (2) Adult References with different addresses, who will likely keep in touch with you should your permanent address change:  
*(Names and addresses listed here **cannot** be listed above)*  
 Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Known Since: \_\_\_\_\_ (Year)  
 Mailing Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Known Since: \_\_\_\_\_ (Year)  
 Mailing Address \_\_\_\_\_

Future Plans \_\_\_\_\_

Will you be continuing your education? If yes, what degree, school and how long? \_\_\_\_\_

Number of years in internship/residency and where? \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

Type of Exit Received	Date	Signed R&R	Repayment Schedules Received	Hold Removed	Changed By	Date of Change
<input type="checkbox"/> Big <input type="checkbox"/> In Person <input type="checkbox"/> Packet Mailed		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Changed to:		