

UNIVERSITY OF OREGON
Statement of Rights and Responsibilities Perkins Loans

Money you borrow from this loan program must be repaid. The Promissory Note you sign for a Perkins Loan is a legal obligation. Therefore, it is important that you understand your rights and responsibilities regarding the repayment of this loan. When you, the student borrower, sign this statement you acknowledge that you understand your responsibilities and agree to honor them. Read your Promissory Note for additional details.

1. I understand that I must report immediately any of the following status changes to the University of Oregon, Business Office/Perkins (NDS) Loans, P.O. Box 3237, Eugene, OR 97403-0237. (541) 346-3171. Fax (541) 346-6049.
 - a. Change of name, address, telephone number, Social Security Number or Driver's License Number
 - b. Withdrawal from school or transfer to another school or drop below half-time student status
 - c. Become a volunteer for Peace Corps, AmeriCorps*VISTA or become unemployed or experience a period of economic hardship. See 7 below.
2. I understand that when I graduate, terminate my studies, or withdraw from the University of Oregon I must complete an on-line exit counseling session <http://baowww.uoregon.edu/Student/Perkins.htm>.
3. I understand that my first quarterly payment will be due twelve (12) months after I cease to be at least a half-time student. I understand that my minimum quarterly payment will be at least \$120. It will be more if the amount borrowed exceeds \$3,000. See schedule below.

Total amount of loan	Minimum quarterly payments	APR 5% approx. total interest	Number of quarterly payments	Total amount of loan	Minimum quarterly payments	APR 5% approx. total interest	Number of quarterly payments
\$ 500	\$ 120	\$ 17	5	\$ 10,000	\$ 320	\$ 2,769	40
1,000	120	63	9	11,000	352	3,046	40
2,000	120	257	19	12,000	384	3,323	40
3,000	120	620	31	13,000	415	3,600	40
4,000	128	1,108	40	14,000	447	3,876	40
5,000	160	1,385	40	15,000	479	4,154	40
6,000	192	1,662	40	16,000	511	4,430	40
7,000	224	1,938	40	17,000	543	4,707	40
8,000	256	2,215	40	18,000	575	4,984	40
9,000	288	2,492	40				

4. I understand that the annual percentage rate of 5% will be the finance charge based on the unpaid balance and that interest will begin to accrue nine (9) months after I cease to be enrolled at least as a half-time student.
5. I understand that partial or full cancellation may be granted for certain occupations or other circumstances: teaching, child/family service, early intervention, Head Start/child care, law enforcement/public defender/corrections officer, military, nurse/medical technician, tribal faculty, library service, speech-language pathologist, volunteer service, fulltime fire fighter and in the event of death, total permanent disability, spouse/parent of 9-11 victim or bankruptcy. I also accept the responsibility to inform the University of Oregon/Perkins (NDS) Loan office of such status.
6. I understand that within limits deferment of loan payments may be granted under certain circumstances: attending an institution of higher education at least half-time, graduate fellowship, forbearance, economic hardship, unemployment, rehabilitation training, internship/residency, military or certain occupations as listed in No. 5 above. I may request that the installment payments on my Perkins Loan be deferred by filing appropriate certification of such status.
7. I understand that if I fail to repay my Perkins Loan as agreed, the total loan may be declared due and payable immediately and legal action could be taken against me.
8. I will promptly answer any communication from the University of Oregon regarding my Perkins Loan.
9. I understand that I may prepay at any time. I further understand that making such payments will reduce future interest.
10. I understand that if I cannot make payment on time, I must contact the University of Oregon in writing.
11. I authorize the University of Oregon to contact any school which I may attend, to obtain information concerning my student status, year of study, dates of attendance, graduation, withdrawal, transfer to another school or to obtain my current name or address.
12. I understand that if I default on my loan repayments the University of Oregon may disclose that I have defaulted, along with other relevant information, to credit bureau organizations. I also understand that if I default on my repayment of this debt that it may be assigned to a collection agency or the US Department of Education for collection.
13. I understand and give my consent to the University of Oregon to conduct loan transactions electronically including electronic signatures and/or electronic document retention and retrieval.

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Please send completed form to: University of Oregon, Oregon Hall / Business Affairs Office
P.O. Box 3237
Eugene, OR 97403

I ATTEST THAT I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES AND OPTIONS AVAILABLE TO ME, AND THAT I WILL ADHERE TO THEM.

Signature of borrower _____

First _____ Middle _____ Last name _____
(Please print or type full legal name)

Maiden name, other or previous names used _____

Nicknames _____

Birth date: Mo/Day/Year _____ Driver License No. _____ State _____

LOCAL MAILING ADDRESS:

Email address _____

STREET _____

CITY _____

STATE _____ ZIP _____

PHONE (____) _____

EMPLOYER _____

Date signed _____ Social Security number _____

Single ___ Married ___ Divorced ___ Other (specify) _____

If married, spouse's name _____

Expected graduation date _____ Degree expected _____

Major/minor course areas _____

Career objective _____

PERMANENT ADDRESS FOR BILLING:

SPOUSE / PARENT / OTHER

STREET _____

CITY _____

STATE _____ ZIP _____

PHONE (____) _____

SPOUSE EMPLOYER _____

PERSONAL REFERENCES: Please include a minimum of 3 references (friends or relatives) who reside at different addresses from you and from each other. Addresses must be different from any addresses listed above.

Name and relationship	Address (complete, including city, state, zip)	Phone number	Age	Employer
Spouse/Parent/Sibling/Relative or Other	_____	(____) _____	_____	_____
Parent /Sibling/Relative or Other	_____	(____) _____	_____	_____
Parent /Sibling/Relative or Other	_____	(____) _____	_____	_____
Sibling/Relative or Other	_____	(____) _____	_____	_____

Borrowers requiring additional assistance with Student Aid issues may contact the Federal Student Aid Ombudsman at (877) 557-2575 or online at <http://www.ombudsman.ed.gov/>.