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DIRECT LOAN EXIT COUNSELLING CONFIRMATION FORM OPE ID: 02216400

Students who have received a Direct Loan (subsidized, unsubsidized, and/or parent PLUS loan) must complete loan exit counselling each time when they:

- Drop below half-time enrolment
- Graduate
- Leave school

Exit loan counselling can be conducted at <u>www.nslds.ed.gov</u>.

This form is required to confirm that you (the student) have complete the loan exit counselling session. Please complete all requested information, sign, and return to the Student Financial Resources Office.

| Student's Name: | | | |
|--|------------------|----------------|-------------------|
| | (Last Name) | | (First Name) |
| Student ID #: | | SSN: | |
| Date of Birth: | Tel | ephone Number: | |
| Address: | | | |
| | (Street Address) | | |
| | (City) | (State/Prov.) | (ZIP/Postal Code) |
| By signing this form, I | certify that: | | |
| • I have received the loan exit counselling information by completing the interview at <u>www.nslds.ed.gov</u> . | | | |
| • I understand that it is my responsibility to maintain contact with my lending institution. | | | |
| • I will notify my lending institution of any change to my name, address, telephone number and student | | | |
| status. | | | |
| I will contact my lender to arrange for any possible deferments, if necessary. | | | |
| | | | |
| | | | |
| Signature of Student: Date: | | | |
| - | | | |

Signature of school official: _____ Date: _____