

**PERKINS LOAN PROGRAM
STATEMENT OF RIGHTS AND RESPONSIBILITIES**

The Federal Perkins Loan, which has been approved for you by Frostburg State University, is a serious obligation. It is extremely important that you understand your rights and responsibilities.

1. I understand that I must immediately, without exception, report any of the following changes to Frostburg State University, Perkins Loan Office, 101 Braddock Road, Frostburg, MD 21532 **(301) 687-3186**. I may also elect to notify FSU's billing service for the Perkins Loan program, Campus Partners, by calling **1-800-334-8609**.
 - a. If I withdraw from the university, b. If I transfer to another school, c. If I drop below half-time status (6 credit hours), d. **If my name should change, e. If my address, phone number, or my parent's address or phone number changes,** f. If my social security number should change, g. If my driver's license number should change.
2. I understand that when I graduate or withdraw from Frostburg State University, I must attend an Exit Interview when notified by the Perkin's Loan Office; or complete and return the Exit paperwork when it is mailed to me.
3. I understand that my first payment will be due upon the expiration of my grace period and that the grace period is nine (9) months following separation from the University.
4. I understand that my minimum monthly payment will be at least \$40 per month or \$120 each quarter and that it may be more if the amount borrowed is sufficient to require larger payments. I also understand that all payments will be applied first to collection costs, late charges, accrued interest, and then to the principal balance of my loan.
5. I understand the **ANNUAL PERCENTAGE RATE OF 5%** will be the finance charge based on the unpaid principal balance and that it will begin to accrue at the end of the grace period.
6. I understand that aggregate loan limits are \$15,000 for an undergraduate student, \$4,000 maximum per year and \$30,000 for a graduate or professional student including loans borrowed as an undergraduate student.
7. I understand that I may request loan cancellation, if I meet the eligibility criteria contained in the terms and conditions of my promissory note. It is my responsibility to inform Frostburg State University and/or its billing service (Campus Partners) of such status or to make scheduled payments when due. I further understand that cancellation will **NOT** be granted until I provide the completed **REQUEST FOR DEFERMENT, POSTPONEMENT OR PARTIAL CANCELLATION OF LOAN** form bearing my signature and certification of the information by the proper institution or organization.

8. I understand that if I become eligible for any deferment benefits provided in the terms and conditions of the promissory note, I must request that the payments on my loan be deferred or I must make scheduled payments when due. I further understand that a deferment will not be granted until I provide a completed **REQUEST FOR DEFERMENT, POSTPONEMENT OR PARTIAL CANCELLATION** form bearing a signature and proper certification of the information by the proper institution or organization.
9. I understand that Frostburg State University will assess a late charge of \$10 for each payment not made before the due date in any given period.
10. I understand that if I should default on my loan, I will be ineligible for further TITLE IV funds and that the University may withhold future services such as transcripts. I understand that if I fail to make scheduled payments when due, the entire unpaid indebtedness including accrued interest may be due immediately. I understand that the institution will utilize a collection agency and/or litigation to recover the outstanding debt, and I agree to pay all collection costs and attorney's fees related to the collection of this loan in the event of default. I further understand that if my loan remains in default it may be assigned to the U.S. Government for collection purposes.
11. I understand that I may without penalty pay all or any part of the loan at any time before regular payments are scheduled to begin and that future interest will be reduced by making such payments.
12. I understand that if I cannot make payments on time, I **must** contact Frostburg State University and/or its designated loan servicer regarding the loan.
13. I agree to promptly answer any communication from Frostburg State University and/or its designated loan servicer.
14. I understand that Frostburg State University reports all loan information to Credit Bureaus on a monthly basis as required by federal regulations.
15. I authorize Frostburg State University to contact any school which I may attend, to obtain information concerning my student status, my year of study, my dates of attendance, graduation, or withdrawal, my transfer to another school or my current address.
16. I understand that once in repayment, payments on my loan(s) are made payable to Frostburg State University and should be sent to:

with coupon:

Frostburg State University
P.O. Box 970004
Boston, MA 02297-0004

without coupon:

Frostburg State University
P.O. Box 2901
Winston-Salem, NC 27102-2901

17. I further understand that once in repayment if for any reason I do not receive a bill as scheduled, it is my responsibility to immediately notify Frostburg State University or Campus Partners so the problem may be resolved.