

LOAN INFORMATION FORM

FAX 417-690-3286

Student Information:

Name _____ SSN _____

****Please list the Name and Telephone # of the Loan Company you selected:**

Check each box once you understand each statement.

I understand I have a RIGHT to:

- Prepay all or any part of the amount I owe without penalty.
- A copy of my promissory note (either before or at the time my loan is made) .
- Reduce or refuse the amount of loan funds my school tells me I am eligible to receive.

I understand:

- I must repay my loan and all accrued interest and fees according to the established repayment schedule, even if I drop out of school, cannot find a job or am dissatisfied with the education I receive.
- I must notify my school and lender if I:
 - *move or change my address
 - *change my name
 - *change my phone number
 - *change my Social Security number
 - *withdraw from school
 - *drop below half-time attendance
 - *transfer to another school

If I fail to repay my loan, I will be considered in default.

The alternative loans that the College offers start accruing interest the day the loan is disbursed.

I request that the remaining funds from my Alternative Loan be disbursed in the following way AFTER my student account has been paid in full:

- To remain on my student account as credit to pay for future charges.
- In the form of a check to the student

Note: College of the Ozarks does not participate in the Federal or State Loan Programs.

In the event that you do not attend the second semester, the loan amounts received will be returned to the lending institution.

Please return this form to the Financial Aid Office to ensure the disbursement of your loan.

College of the Ozarks
 Financial Aid Office
 P.O. Box 17
 Point Lookout, MO 65726
 Fax 417-690-3286 Phone 417-690-3290

Student Signature

Date

Cosigner Signature

Date