

## 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 any of the following changes immediately to the University of Oregon, Business Affairs P.O. Box 3237, Eugene, OR 97403-0237, (541) 346-3171.
  - a. Name, address, telephone, social security number change.
  - b. Withdrawal from school.
  - c. Transfer to another school
  - d. Enter military service, Peace Corps, ACTION, NOAAC, PHS, or become a full-time volunteer. (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.
4. I understand that my minimum quarterly payment will be at least \$90. It will be more if the amount borrowed exceeds \$2,800. See schedule below,

Total Loan Amount	Minimum Quarterly Payment	Approximate Total Interest at 5% APR	Number of Quarterly Payments
\$500	\$90	\$22	6
\$1,000	\$90	\$84	12
\$2,000	\$90	\$358	27
\$3,000	\$96	\$831	40
\$4,000	\$128	\$1,108	40
\$5,000	\$160	\$1,385	40
\$6,000	\$192	\$1,662	40
\$7,000	\$224	\$1,938	40
\$8,000	\$256	\$2,215	40
\$9,000	\$288	\$2,492	40
\$10,000	\$320	\$2,769	40

5. 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.
6. I understand that partial cancellation may be granted for certain limited types of: elementary or secondary school teaching; for military service in areas of hostilities; for full-time staff members in Head Start; for full-time volunteer service; and in the event of death or total and permanent disability. I also accept the responsibility to inform the University of Oregon Business Affairs Perkins Loan office of such status.
7. I understand that, within limits, if I return to at least half-time study at an institution of higher education or enter the military service, NOAAC, Public Health Service, Peace Corps, ACTION, or enter in certain limited: internship, full-time volunteer, or become temporarily totally disabled; pregnant or with newborn child and unemployed and recently not enrolled as a student; I may request that the installment payments on my Perkins Loan be deferred by filing appropriate certification of such status.
8. 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.
9. I will promptly answer any communication from the University of Oregon regarding my Perkins Loan.
10. I understand that I may prepay at any time. I further understand that making such payments will reduce future interest.
11. I understand that if I cannot make payment on time, I must contact the University of Oregon in writing.
12. I authorize the University of Oregon 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 name or address.
13. 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.

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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 will adhere to them.

Student Signature	Date	Social Security Number		
First	Middle	Last Name	Nicknames	Previous Name(s)
Drivers License Number			State	Birthdate
Major and Minor Course Subject Area			Graduation Date	Degree (BA, MS etc.)
Single	Married	Divorced	Other Specify	Spouses Name (If married)

**Local Mailing Address**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**Permanent Billing Address**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**Three Personal References** (references can include family and friends but each must have a different address)

Relationship	Name	Address (City, State, Zip)	Telephone	Age