

Rebate Request Form

1. _____
Borrower First and Last Name *(please print)*

2. _____
Borrower Social Security Number

3. _____
Borrower Mailing Address *(please provide complete address)*

4. _____
Borrower Primary Telephone Number

5. _____
Borrower Alternate Telephone Number

6. _____
Borrower Email Address

7. _____
Month and Year of Student's Graduation

8. _____
Name of Last School Attended

9. _____
Number of On-time Payments Made

Type of Loan

Consolidation Stafford Loan PLUS Loan Grad PLUS

Rebate Terms and Conditions

- All loan payments, as applicable, must be made on time to be eligible for this rebate.
- Cash rebates must be requested in writing via this form by borrower after meeting all requirements, but within 180 days of meeting all rebate qualifications.
- Payments must be received within 15 days after the due date to be considered on time.
- Please allow up to 60 days from the date of receipt to process your rebate request.
- If you make prepayments, your Rebate Request Form will only be accepted and processed after all qualification months have passed.
- Once a borrower has met all eligibility requirements and receives a cash rebate, the rebate is kept and cannot be rescinded.
- Borrowers who consolidate prior to meeting benefit requirements are not eligible to receive a PLUS or Stafford rebate
- To qualify, borrowers must complete this form in its entirety. Incomplete or illegible request forms will not be processed.
- If you are eligible for an at-graduation rebate, by signing below, you also verify that you have met this graduation requirement. You should understand that providing false information as to graduation status could subject you to legal action and disqualify you from this benefit.
- Benefits are effective as of the date offered and are subject to change at any time without notice. CLC reserves the right to modify or discontinue loan benefits, lending policies and requirements at any time without notice. Borrower benefits will terminate in the event of default or failure to meet qualification criteria.

By signing below, I confirm that I (a) agree to the rebate's terms and conditions (b) have met all of the qualifications for my rebate (c) have met the graduation criteria listed above if applicable and (d) have submitting this request postmarked within 180 days of meeting requirements. I understand that, in order to secure payment of these benefits, CLC will require access to my payment information. Accordingly, by signing this form, I hereby authorize any third party that has information about my loan payments to provide such information to CLC when necessary to secure the payment of these benefits.

Borrower Signature and Date

Please mail your completed form to: College Loan Corporation Rebate Program,
10000 W. Charleston Blvd. Suite 200, Las Vegas NV 89135

SY040808

Corporate Headquarters
10000 W. Charleston Blvd. Suite 200
Las Vegas, Nevada 89135

QUESTIONS? PLEASE CALL OUR CUSTOMER SERVICE CENTER AT: 888.972.6317

Phone 888.972.6311
Fax 888.972.6321
www.collegeloan.com
Lender Code 833733