



**Student Name:** \_\_\_\_\_ **Student NUID:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Fresh Start Initiative Information**

**In order to participate in the “Fresh Start Initiative” program and become Title IV HEA eligible, you must read and sign below.** CSC will maintain a **copy of** this document for our records.

**Statement of Educational Purpose**

As the student, I certify that I, \_\_\_\_\_, understand that I  
(STUDENT'S FULL NAME)  
am eligible for Title IV aid as a result of the Fresh Start Initiative. As a Fresh Start-eligible borrower, I understand that, by accepting Title IV HEA federal student aid during the Fresh Start period, I am agreeing to having my defaulted loans transferred to a new loan servicer – the company that will manage my loan – which will result in continued Title IV, HEA federal student aid eligibility beyond the Fresh Start period. I understand that this transfer may not occur immediately and that I can contact the holder(s) of my defaulted loan(s) to request transfer sooner.

**WARNING:** If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

**\*Electronic signatures are not accepted.\***

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return Form To:** CSC START Office

1000 Main Street, Chadron NE 69337

 Fax: (308) 432-6474  Phone: (308) 432-6061