Step 1: Log in to [https://studentloans.gov/](https://studentloans.gov/) with your FSA ID. Update my profile, see below:
Step 2: complete exit counseling on Next screen below

After you have answered the questions, click submit button
This is your federal student loan data, including your loan servicer information, currently available in the National Student Loan Data System (NSLDS), and any additional loans you entered.

Once you finish you’ll receive a completion confirmation from Direct Loans via email. You may forward that email to cyjamison@claflin.edu.

Next is to setup an online account with your Lender(s).
EXIT COUNSELING PROCESS/INSTRUCTIONS

YOUR DEPARTMENT OF EDUCATION LOAN SERVICER(S):

fedloan

800-699-2908 · www.MyFedLoan.org

GREAT LAKES

800-236-4300 · www.mygreatlakes.org

nelnet

888-486-4722 · www.nelnet.com

NAVIENT

800-722-1300 · www.navient.com
The final step is the Information Contact Sheet.
Please follow this link: [FAID Online Forms]
Log-in with your Claflin information. The contact information sheet is (form W)
Financial Aid Senior Exit Counseling Contact Information Sheet

Last Name ______________________  First Name ________________________  Middle I. ____________

Preferred Name/Nickname: ___________________________  School ID# __________________

Social Security Number______________________________  Date of Birth __________________________

Home Address__________________________________________________________________________

City________________________ State _____________ Zip Code ____________________________

Home Phone________________________ Cell Phone ________________________________

E-mail (Not Claflin):______________________________ Facebook Name:_____________________

Driver’s License #_________________________ State Issued _______________________________

Name of Employer __________________________________Employer Phone # _________________

Employer’ Address___________________________________________________________________

Spouse’s full Name____________________________________________________________________


Parent’s Information (If any parent is decease, please indicate)

Mother/Guardian’s Name_________________________ Phone Number ______________________

Mother/Guardian Address____________________________________________________________

Father/Guardian Name_________________________ Phone Number ______________________

Father/Guardian Address____________________________________________________________
References: Such as family members and friends... DO NOT USE CLAFLIN UNIVERSITY FACULTY/STAFF.... DO NOT USE THE SAME REFERENCES or same (address) TWICE....Please do not use your parents in this section.

Name __________________________________ Relationship ____________________________
Address _____________________________________________________________________
Telephone # __________________________________________________________________

Name __________________________________ Relationship ____________________________
Address _____________________________________________________________________
Telephone # __________________________________________________________________

Name __________________________________ Relationship ____________________________
Address _____________________________________________________________________
Telephone # __________________________________________________________________

Name __________________________________ Relationship ____________________________
Address _____________________________________________________________________
Telephone # __________________________________________________________________

NOTICE OF CONSENT TO COLLECTION COMMUNICATIONS
I expressly consent to you, your affiliates, agents, and service providers using written, electronic, or verbal means to contact me as the law allows. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, emails and/or automated telephone dialing systems. I also expressly consent to you, your affiliates, agents, and service providers contacting me by telephone at any telephone number associated with my account, currently or in the future, including wireless telephone numbers, regardless of whether I incur charges as a result. I agree that you, your affiliates, agents, and service providers may record telephone calls regarding my account in assurance of quality and/or other reasons.

I/We have read this disclosure and agree that the Lender/Creditor may contact me/us as described above.

_______________________________________                       _____________________________
Borrower/Customer Signature                                                  Date