

FRESH START INITIATIVE ACKNOWLEDGMENT FORM

FINANCIAL AID OFFICE

1537 University blvd. Morrilton, AR 72110

(501) 977-2055 1-800-264-1094 Fax: (501) 977-2123

(Student)

www.uaccm.edu

I, (Print student name)	, understand that I am eligible for little IV aid
as a result of the Fresh Start initiative. As a Fresh Start-eligible bor	rower, I understand that, by accepting Title IV HEA federal
student aid during the Fresh Start period, I am agreeing to have m	y defaulted loans transferred to a new loan servicer – the
company that will manage my loan - which will result in continue	d Title IV. HEA federal student aid eligibility beyond the Fresh
Start period. I understand that this transfer may not occur immedi	
loan(s) to request transfer sooner."	
toun(s) to request transfer sooner.	
Social Security No. or Student ID No.:	
(Student)	
Signature:	Date: