



# FEDERAL PERKINS LOAN ASSIGNMENT SERVICE

## REQUEST FOR QUOTATION

Institution Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Contact Email \_\_\_\_\_ Program Number(s) \_\_\_\_\_

Please select below the type of Assignment service for which you are interested in receiving a price quote. We will provide you with a quote and an estimated start date should you opt to take advantage of our Assignment service. Please note all quotes are valid for 30 days.

- Complete Federal Perkins Assignment Package\* @ \$\_\_\_\_ per package (minimum charge \$\_\_\_\_)  
Send us the Pre-Assignment Report, according to the following selection criteria:  
Days past due \_\_\_\_\_
- Federal Perkins Assignment Forms only @ \$\_\_\_\_ per form (minimum charge \$\_\_\_\_); selection criteria:  
Days past due \_\_\_\_\_
- History prints @ \$\_\_\_\_ per page (includes: HALL, MAIN and HOSB).
- Pre-assignment Report @ \$\_\_\_\_; selection criteria:  
Days past due \_\_\_\_\_
- Notify your borrowers 90 days prior to assignment @\$\_\_\_\_ea. (QL 00753)

\* A charge of \$75 will be assessed for all Pre-Assignment Reports generated.

**Please complete the following information to personalize your Assignment forms:**

**SECTION A – Institution Information**

Institution name _____	Serial No. _____
Street address _____	ZIP Code _____
City _____ State _____	Certification Date (MM/DD/YY) _____
Typed name of auth. official _____	Telephone No. (____) _____
Typed title of auth. official _____	Alternate contact _____
Signature of auth. official <u>  N/A  </u> _____	

### Signature

Return to: Campus Partners  
Customer Service  
P.O. Box 2902  
Winston-Salem, NC 27102-2902  
Fax: 336-607-2093

**Campus Partners Use Only:**

Date Received \_\_\_\_\_

Date Completed/Mailed \_\_\_\_\_

Report Member Name \_\_\_\_\_

Employee \_\_\_\_\_

Billing \_\_\_\_\_

**Contact Sales for Pricing**