



**American Education Services**

P.O. Box 2461 Harrisburg, PA 17105-2461

Toll-free 1-800-233-0557 • TDD 717-720-2354

Fax 717-720-3916 • International 717-720-3100

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY TO DETERMINE  
WHETHER YOU NEED TO TAKE ACTION

**WHY WE ARE CONTACTING YOU**

To provide you with a deferment application for your privately insured loan(s).

**WHAT THIS MEANS TO YOU**

If you would like to apply for this deferment, complete the application in its entirety.

**ADDITIONAL INFORMATION YOU MAY FIND HELPFUL**

- A School Deferment may be granted to your loan(s) if you are enrolled at least half-time at an approved school.
- Loan guidelines may require you to be enrolled in a degree-granting program to be eligible for this deferment.
- Specific loan programs may be eligible for a Medical Internship/Residency, Chiropractic or Veterinary deferment. Please review your promissory note to determine your eligibility.

**DID YOU REMEMBER TO?**

- Confirm that you are in a degree-granting program on the application.



*Short on time? View your payment history, pay online, check your balance, and more, at [aesSuccess.org/accountaccess](http://aesSuccess.org/accountaccess). Account Access is the quickest and easiest way to manage your student loan account -- so you'll have more time to focus on the other priorities in your life.*

# PRIVATELY INSURED LOAN REQUEST FOR DEFERMENT

**PLEASE COMPLETE ALL FIELDS BELOW. YOUR REQUEST MAY BE DENIED IF THE FORM IS NOT COMPLETED CORRECTLY.**

ACCOUNT NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

BORROWER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALTERNATE TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

WORK TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

\_\_\_\_ Yes, I am in a degree granting program and I hereby request the deferment selected below for all of my private loans. If the deferment is being requested for specific loans, please list the first disbursement dates of each: \_\_\_\_\_

- SCHOOL DEFERMENT: \_\_\_\_\_ FULL TIME \_\_\_\_\_ HALF TIME
- GRADUATE STUDIES
- CHIROPRACTIC (CHIRO LOANS ONLY)
- VETERINARY (IHLP0/3 LOANS ONLY)
- INTERNSHIP/RESIDENCY

AUTHORIZED OFFICIAL'S CERTIFICATION REQUIRED FOR DEFERMENT PLEASE PRINT OR TYPE		
PROGRAM BEGIN DATE _____	PROGRAM END DATE _____	EXPECTED GRAD DATE _____
INSTITUTION/ORGANIZATION NAME _____		DOE Code _____
ADDRESS _____		
CITY _____	STATE _____	ZIP _____ TELEPHONE NUMBER _____
SIGNATURE OF AUTHORIZED OFFICIAL	NAME/TITLE OF OFFICIAL	DATE
My signature indicates I am an Authorized Official and I have read and agree that the certification above is true to the best of my knowledge.		

I meet the qualifications as stated in the cover letter for the deferment type checked above and request my lender/servicer to defer repayment of my educational loan(s). If my loan program allows, accrued and unpaid interest may be capitalized, added to the principal balance, in accordance with the terms of my original promissory note. I understand that, should my situation under which I applied for the deferment change, I must notify my lender/servicer immediately.

BORROWER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN COMPLETED FORM TO: American Education Services \* P.O. Box 2461 \* Harrisburg, PA 17105-2461  
FAX: 717-720-3916**