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.
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 (HELP03 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