



American Education Services

American Education Services
P.O. Box 2461 Harrisburg, PA 17105-2461
Toll-free 1-800-233-0557 • TDD 717-720-2354
Fax 717-720-3931 or 717-720-2774
www.aesSuccess.org • International 717-720-3500

Dear Customer:

This letter is to advise you of the conditions under which we may grant a deferment to your alternative educational loan(s). A school deferment may be granted to your loan(s) if you are enrolled at least half time. 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.

If your deferment request is approved, we will send you accrued interest statements. If you do not pay the interest charges, they will be added to the principal balance at the end of each deferment period. Keep in mind that this may result in a higher monthly installment amount.

If you would like us to consider your request for deferment, please have a certifying official provide specific enrollment dates and expected graduation date on the enclosed deferment form or on institution letterhead.

If you have any questions, please contact our office. Loan Counselors are available Monday through Friday, from 7:30 a.m. to 9 p.m., ET.

Shelly K. Bowman
Assistant Vice President
American Education Services

Enclosure(s)

THE EDUCATION RESOURCES INSTITUTE

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 guaranteed by The Education Resources Institute (TERI). 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 (IHELPO/3 LOANS ONLY)
 INTERNSHIP/RESIDENCY

AUTHORIZED OFFICIAL'S CERTIFICATION REQUIRED FOR DEFERMENT

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 that 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