

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 (IHELP0/3 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