

Date: _____

Name: _____

ND Student ID or Last Four Digits of SSN: _____

Phone: _____ **E-mail:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

- **If approved your deferment or forbearance may only be granted for 12 months.**
- **You will need to file a new request at the end of the deferment period.**

Requesting

- Deferment** - No payments are required and interest does not accrue until the end of the deferment period.
- Forbearance** - No payments are required until the end of the forbearance period, but interest payments are still required. If my forbearance request is approved I would like to:
- Postpone principal payments only and pay interest each month as it accrues during the forbearance.
 - Postpone both principal and interest payments. I understand that I will be billed for all accrued interest at the conclusion of the forbearance period.

Reason for Request

- Extended Illness or Injury/Temporary Disabled** - Include Physician Certification Form
- Unemployed** - Include verification from job service or employment agency indicating you are actively seeking employment
- Incarceration** - Attach sentence computation worksheet
- Living on a subsistence salary** (salary does not meet the needs of my household expense) - Include a copy of your two most recent pay stubs and a copy of your most recent federal income tax return.
- Enrolled less than half-time as a student seeking a degree** - Attach verification of your enrollment.
- Other** - Describe reason for request:

Beginning date of request: _____ **Ending date of request:** _____

Borrower Signature

Date

Complete the Financial Statement of Page 2

Mail completed form and certifying letter to:

Student Loan Service Center
NDUS
Dept 3180, PO Box 6050
Fargo ND 58108-6050

Phone (701) 231-9545
Toll Free (800) 698-7397

