

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

- 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:** _____

**Return To: Student Loan Service Center, NDUS
Dept. 3180
P.O. Box 6050
Fargo, ND 58108
Fax: 701-231-9551
Email: ndus.slsc@ndus.edu
For questions call: 800-698-7397**