



# Forbearance Request

If information below is a change, check this box

Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_

Telephone - Other: \_\_\_\_\_

**Complete Form and Return To**

Lender/Service Name: OSLA Student Loan Servicing™

Lender/Service Address: P. O. Box 18145

City: Oklahoma City

State & Zip: OK 73154-0145

## Request for Forbearance

Check this box if you are a Medical Intern or Resident

Dear BORROWER,

If financial problems make repaying your education loans a financial hardship, you may be able to receive temporary financial relief through a forbearance.

A forbearance allows you to postpone your loan payments temporarily. Interest that accrues during the forbearance remains your responsibility. Unpaid interest may be capitalized (added to your loan principal) no more frequently than quarterly and at the end of the forbearance. Unpaid interest on a Stafford loan disbursed on or after July 1, 2000, or a private education loan, may be capitalized at the end of the forbearance. Capitalizing interest increases the amount you will pay back, and may result in a higher payment amount after the forbearance has ended, but allows you to postpone all payments now. Your Lender/Service will notify you of your new payment amount and next due date prior to the expiration of this forbearance.

**IF YOU ARE PAST DUE ON YOUR PAYMENTS, IT IS ESPECIALLY IMPORTANT THAT YOU RETURN THIS FORM IMMEDIATELY.** Collection activities will continue until your Lender/Service has received and approved this form -- late notices will be sent and phone calls will be made. Also, if your payments become seriously past due, the delinquency will be reported to a national credit bureau.

## Agreement

Although I intend to repay my loans, I am temporarily experiencing financial hardship and am unable to make the monthly payments due under my repayment schedule because: \_\_\_\_\_

I request a forbearance for a 3-month period unless I indicate a shorter forbearance period below. I request that this forbearance cover any amounts due on my account. This combined period can not exceed a total of 3 months. The combined period equals any delinquency period plus any additional period requested. Any outstanding interest may be added to, and become part of my principal balance; therefore, my repayment terms may be affected.

I prefer a shorter forbearance period with payments resuming (please specify month and year requested) \_\_\_\_\_/\_\_\_\_\_  
MM YYYY

I agree to the terms of this forbearance and agree to repay my loans upon the expiration of this forbearance and in accordance with the terms of my promissory note. If I have a spousal Consolidation Loan or co-made a PLUS loan, both borrowers must be experiencing financial hardship.

Borrower SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Joint-Borrower SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Borrower or Cosigner Signature Date

\_\_\_\_\_  
Joint-Borrower Signature (if applicable) Date

## Lender/Service Use Only

The holder of this loan(s) believes, based on the borrower's (or co-borrower's) statement above and/or other communications recorded in the account history, that the borrower (co-borrower) does intend to repay the loan(s) but is currently unable to make loan payments.

APPROVED  DENIED  Dates from \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Entered By Date