



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