

# Request for Deferment/Forbearance of Medical Student Loans

We recommend that you read your promissory note carefully in order to become familiar with a number of features, duties, and, more specifically, what is and is not available relating to a deferment or cancellation before completing this form.

**BORROWER'S NAME/ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

(Last 4 digits of SSN OR SID)

**EMAIL ADDRESS:**

\_\_\_\_\_  
 Update above information

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Section 1 Deferment Type

**Refer to the back side of this form for more information**

\_\_\_\_\_ Internship or Residency  
Program: \_\_\_\_\_

## Section 2 Certification by Internship, Residency or Fellowship Coordinator

**I certify that the information stated below is true and correct.**

Starting Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Termination/Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Program/Unit \_\_\_\_\_

Internship/Residency program, please indicate accrediting agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Authorized Official \_\_\_\_\_ Title \_\_\_\_\_

**This form will be returned to the borrower if it is incomplete**

Checking account balance \_\_\_\_\_ Savings account balance \_\_\_\_\_

Gross monthly household income (total amount before taxes) from all sources is \_\_\_\_\_

Rent or Mortgage payment each month (circle which one). \$ \_\_\_\_\_ Number in household: \_\_\_\_\_

**Your Educational Loans**

Lender	Loan Number	Outstanding Balance	Monthly Payment	In Deferment/Forbearance (yes or no)

Other debt (including spouse's educational loans). Indicate whose debt with B (borrower), S (spouse), or J (joint).

Whose Debt	Type (credit card, bank loan, etc.)	Account Number	Outstanding Balance	Minimum Monthly Payment

**Section 3 Borrower Signature**

**I, the borrower certify that the information contained in this form is true, complete, and correct. I hereby authorize the release and/or obtaining of any information regarding my educational loans, to/from any Federal Agencies or contractors which assist the Federal Government or Dartmouth College in administration of these programs. This includes, but is not limited to consumer reporting agencies, debt collection bureaus, records maintained under the Privacy Act of 1974 (5 U.S.C. 552a) and other private and public parties. I further declare that I will notify Dartmouth College immediately upon any change in my status.**

Signature of borrower \_\_\_\_\_ Date \_\_\_\_\_