



**Institutional Loan
Campus Partners In-School Deferment Request**

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to a fine of no more than \$10,000, or imprisonment for no more than five years or both under the provisions of 20 U.S.C. 1097.

Please enter the following information. If correction, check here: []

SSN _____ - _____ - _____ Name _____
Account Number: _____ Address _____
City, State, Zip _____
Telephone-Home () _____
Telephone-Work () _____
Telephone-Cell () _____
Email Address _____

Section 1 – Deferment Request – Must be completed by borrower. See definitions and eligibility criteria below.

I meet the qualifications stated below for deferment based on the enrollment status checked below and request to defer the repayment of my loans.

Check if applicable: [] I am enrolled at an eligible school as at least a HALF-TIME STUDENT.

Borrower Interest Selection Understandings and Certifications

I understand that: (1) My lender/servicer will not grant this deferment request unless all applicable sections of the form are completed and any additional required documentation is provided; (2) Principal and interest payments will be deferred; (3) if my deferment does not cover all my past due payments, I am responsible for paying any amounts that became due before the begin date of my deferment before the begin date of my deferment.

I certify that: (1) The information provided in Section 1 above is true and correct; (2) I will provide additional documentation, as required, to my lender/servicer to support my continued deferment status; (3) I will notify my lender/servicer immediately when the condition(s) that qualified me for the deferment ends; and (4) I have read, understand, and meet the terms and conditions of the deferment for which I have applied.

Borrower Signature _____ **Date** _____

Section 2 – Authorized School Official's Certification

Instructions for School Official: All items in this section must be completed. The school official, in lieu of completing this section, may attach its own enrollment certification report listing the required information.

I certify, to the best of my knowledge and belief, that the borrower named above:

Is/Was enrolled during the academic period at least half-time from (MM-DD-YY) ___/___/___ to (MM-DD-YY) ___/___/___.

Name of School _____ School Code _____

Address _____ Telephone () _____

City, State, Zip _____

Signature of Authorized Official/Date _____ Name/Title of Authorized Official _____

Returned the completed form to:

Campus Partners
PO Box 2901
Winston-Salem, NC 27102
(800) 334-8609 or FAX: (336) 607-2093