



**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