

Internship/Service Forbearance Request

Please enter or correct the following information. If correction, check this box

_____	SSN
_____	Name
_____	Address
_____	City, State, Zip
_____	Telephone-Home <input type="checkbox"/>
_____	Telephone-Other <input type="checkbox"/>

Section 1 - Forbearance Request - Must be completed by the borrower.

I meet the qualifications for one of the following Internship/Service related Forbearance checked below and request my lender/servicer forbearance repayment of my loans, beginning (MM-DD-YY) _____ - _____ - _____

While I am engaged in an Internship/Residency program. Check appropriate institution.

- Institution of higher education, hospital, or health care facility.
- Any other institution or organization (state licensing certification is required).
- While I am engaged in the Student Loan Repayment Program administered by the Department of defense.

Borrower Interest Selection, Understandings, and Certification

I understand that: (1) My forbearance will begin no more than six months before the date my lender/servicer receives this request or the date the forbearance condition began, which ever is later; (2) My lender/servicer will not grant this forbearance request unless all applicable sections of this form are completed; (3) Principal will be forborne, but I am responsible for paying the interest that accrues; (4) If I do not choose, by checking the box below (see Interest Selection), to pay all interest that accrues during my forbearance period, my lender/servicer will capitalize (a process whereby a lender adds unpaid interest the principal balance of a loan) such interest to the extent permitted by law. This will increase the principal balance of my loan(s); (5) unless I provide instructions to the contrary, my lender/servicer can apply lender/borrower agreement forbearance to cover any past due payments which are prior to my Internship/Service forbearance eligible time period; (6) I will be required to recertify my eligibility for Internship/Service forbearance every 12 months.

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 forbearance status; (3) I will notify my lender/Servicer immediately when the condition(s) that qualified me for the forbearance ends; (4) Have read, understand, and meet the terms and conditions of the forbearance for which I have applied.

Borrower Signature _____

Date _____

Section 2 - Authorized Official's Certification - See following page for a list of Authorized Officials. Please print or type.

I certify, to the best of my knowledge and belief, that the borrower named above is/was engaged in the program indicated in Section 1, and that the borrower and the borrower's program meet all the eligible requirements specified on the following page.

The borrower's program: _____

began (MM-DD-YY) _____ - _____ - _____ and is expected to end (ended) (MM-DD-YY) _____ - _____ - _____

Name of the Institution or Facility _____

Address _____

City, State, Zip Code _____

Telephone number _____

Signature of Authorized Official/Date _____

Name and Title of Authorized Official _____

Section 3 - Eligibility Criteria for Internship/Service Related Forbearance Request

To Forbear (postpone) repayment of my loans while:

- I am engaged in a Medical or Dental Internship/Residency program (for the remainder of my medical or dental internship/residency program, to be recertified every twelve months).
 - In an institution of Higher Education, Hospital or Health Care Facility. To qualify:
 - (1) My internship/residency program must: (a) be a supervised training program, (b) be required before I may be certified for professional practice or service, and (c) require I hold at least a Bachelor's Degree before acceptance into the program.
 - (2) I must be accepted into the internship/residency program, and provide my lender/servicer with Program Official's certification.
- I am engaged in the Student Loan Repayment Program administered by the Department of Defense. To qualify, I must:
 - (1) be on active duty in the Army, Navy, Air Force, Marine Corp or Coast Guard, and (2)
 - (2) provide my lender/servicer with an Authorized Official's certification that I am a participant in the Student Repayment Program administered by the Department under 10 U. S. C. 2171.

Authorized Certifying Officials

- Internship/Residency Program Official (For all Internships and Residencies)
- Authorized Official of the Student Loan Repayment Programs administered by the Department of Defense under 10 U.S. C. 2171

Section 4 - Lender/Servicer Information

Name of the Lender/Servicer:

ACS

For Lender Use Only

Address: P. O. Box 7051

City, State, Zip Code: Utica, NY 13504-7051

Telephone number: (800) 835-4611