



FORBEARANCE REQUEST FORM

Federal Family Education Loan Program

Complete Sections 1-4 below and return to the address above or via fax to 302-477-4001.

SECTION 1: Borrower Information

Name: _____ Social Security Number: ____-____-____
Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Home Phone number: (____) _____ Work Phone number: (____) _____
Alternate phone number: (____) _____ E-mail address: _____

SECTION 2: Forbearance Type — Check the forbearance type for which you are applying. Review the reverse side of this form for an explanation of each forbearance type.

- Temporary hardship - I intend to repay my loan(s); however I am temporarily experiencing financial hardship and am unable to make the monthly installment payment on my loan(s).
- Graduate Plus - 6 month discretionary
- Parent Plus - 12 month discretionary for up to 5 years

Other reasons for forbearance (certification of eligibility will be required):

- Teacher Loan Forgiveness Program
- National & Community Service
- Department of Defense Loan Repayment Program
- Medical or Dental Internship/Residency

Forbearance will be granted for 12 months unless a shorter period is specified.

I request that my forbearance end on (MM/YY): _____

SECTION 3: Authorized Official's Certification

I certify that the borrower is eligible for the forbearance selected above and meets all requirements provided on the reverse for the period from ____/____/____ to ____/____/____

Official's signature: _____ Date: _____ Phone #: _____

Official's name: _____ Name of Organization: _____

SECTION 4: Forbearance Agreement

Although my situation at the present time is preventing me from making regularly scheduled payments, I intend to repay my loans. I understand that during the forbearance period, I am responsible for the interest on my loan(s) and that any unpaid interest will be added to the principal balance of the loan(s) when the forbearance ends. Payments will resume within 60 days of the forbearance end date. The exact amount of the monthly payments will be calculated in accordance with applicable laws governing student loans. I further understand that if the situation under which I applied for this forbearance changes, I must notify Access Group, Inc. I wish to have this forbearance for which I applied placed on all my eligible loans. I understand the forbearance I have requested will not be granted for more than 12 months at one time. I understand that if I qualify for one of the above forbearances, I authorize Access Group Inc. to extend and/or backdate a Temporary Hardship Forbearance (not to exceed 12 months) to ensure any amount currently due on my loan(s) will be covered. I understand that if an end date is not provided, the forbearance will be granted for a period not to exceed 12 months. I also understand that if my account is delinquent, the forbearance can be used retroactively to cover the period of delinquency; however, any negative reports that were submitted to the credit bureaus will not be removed. The above information is true and correct to the best of my knowledge.

Borrower's Signature

Date

FORBEARANCE DESCRIPTIONS

Temporary Hardship: This forbearance is available, at the lenders discretion, to borrowers who intend to repay their loan(s) but show that repayment of their student loan(s) at the present time would constitute a hardship under their current economic situation, and who do not qualify for the Economic Hardship Forbearance.

Teacher Loan Forgiveness Program: This forbearance is available to borrowers who qualify for loan forgiveness under the requirements of the Teacher Loan Forgiveness Program, including teaching in a school district that qualifies for funds under Title I of the Elementary and Secondary Education Act of 1965, as amended, and is listed in the Annual Directory of Designated Low-Income Schools for Teacher Cancellation Benefits. To be considered for this forbearance, please submit documentation showing the beginning and anticipated ending dates of the period during which you expect to perform the qualifying teacher service for that year, and a self-certifying statement of your intent to satisfy the teacher loan forgiveness requirements.

Medical or Dental Internship / Residency: This forbearance is available to borrowers who have used the maximum 24 months of their Medical or Dental Internship/ Residency deferment time or who are not eligible to receive a Medical or Dental Internship/Residency deferment. To be considered for this forbearance, attach documentation verifying your Medical or Dental Internship/Residency position and the dates you are registered with the program or have section 3 completed by an authorized official. If your Internship/Residency is not at an Institution of Higher Education, Hospital or Health Care Facility, you must also attach a statement from the appropriate state licensing agency certifying that the program is required in order for you to be certified for professional practice or service.

National and Community Service (CNCS): This forbearance is available to borrowers who are serving in an approved national service position under the National and Community Service Trust Act of 1993. To be considered for this forbearance, please attach a copy of the letter from AmeriCorps concerning your participation or have section 3 completed by an authorized official.

Department of Defense Loan Repayment Program: This forbearance is available to borrowers who are eligible to have either all or part of their student loans repaid by the Department of Defense (DOD). To be considered for this forbearance type, please attach a DOD form or have SECTION 3 completed by an authorized official.