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**Residency/Postdoctoral/Fellowship Forbearance Request Form — Access Group Private Loans**

**This form is NOT to be used for loans made under the Federal Family Education Loan Program (Federal Stafford, Federal PLUS, or Federal Consolidation Loans).**

Use this form to request postponement or temporary relief from repaying your Access Group private student loans.

**NOTE:** If you have both federal and private loans from Access Group and you have already provided verification of your residency/postdoctoral/fellowship participation status for those federal loans, you do not need to submit this form. Call us at the number above for more information Monday through Friday, 9 a.m. – 8 p.m. Eastern Time.

**If your request for this forbearance is approved,** this form constitutes an agreement between you and Access Group to allow a temporary cessation in payments, in 12-month increments, as requested, until the end of your residency, postdoctoral program or fellowship, subject to the limits described in your Loan Agreement, and:

- If your residency/postdoctoral program/fellowship began/will begin *after* your loans entered repayment (i.e., nine months or more after your graduation date), your eligible loans will be put into an in-school forbearance.
- If your residency/postdoctoral program/fellowship began/will begin *before* your loans enter repayment, your in-school/grace period will be extended.

**Please note the following important information:**

- If we do not receive this form and approve your request for forbearance, your loans will enter/continue to be in repayment. If you are already in repayment, you must continue making payments on your loan(s) until you receive notification that we have determined that you are eligible for relief from repayment due to your participation in this residency/postdoctoral program/fellowship.
- If you are already in repayment, each month spent in forbearance will correspondingly reduce the remaining months of your repayment period. Please be aware that this forbearance could disqualify you from eligibility for Access Group’s on-time payment interest rate reduction benefit.
- If your account is delinquent, the forbearance can be used retroactively to cover the period of delinquency; however, any negative reports that were submitted to the consumer reporting agencies will not be removed.
- During a period of forbearance, interest continues to accrue. You may either pay it or allow it to accrue. Accrued unpaid interest is capitalized (added to the principal balance) at the end of the forbearance period, which increases the total cost of the loan. You will receive information immediately prior to the expiration of the forbearance period regarding your next payment due date.

**Note:** You must submit proof of your continuing status each year that you wish to postpone repayment while you continue to be in your residency/postdoctoral program/fellowship. This proof can consist either of this form, the federal verification forms used for your federal loans, or a letter from your program administrator.

See also *FAQs about Deferments & Forbearances in Residency/Postdoctoral Programs* at [www.accessgroup.org](http://www.accessgroup.org).

**Instructions:** Complete Section 1 and have your residency/postdoctoral/fellowship program administrator complete Section 2. Send the signed and dated form to us via fax or mail to the address shown above.

**SECTION 1: Borrower Information**

Account# or SSN: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting this forbearance and certify that the above statements are correct and complete to the best of my knowledge. I understand this request and intend to repay my private loan(s).

\_\_\_\_\_  
 Borrower’s Signature Date

**SECTION 2: Residency/Postdoctoral/Fellowship Information**

Residency/Postdoctoral/Fellowship Institution: \_\_\_\_\_  
 Program Start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_  
 Program Administrator Phone Number: \_\_\_\_\_  
 Program Administrator Name (print): \_\_\_\_\_  
 Program Administrator Signature: \_\_\_\_\_