



BROWN

Brown University Loan Office
Campus Box 1950, 164 Angell Street
Providence, RI 02912
(401) 863-3296 fax (401) 863-7518
loans@brown.edu

FORBEARANCE REQUEST
BROWN UNIVERSITY INSTITUTIONAL LOANS ONLY

Borrower Information (to be completed by the borrower in blue or black ink)

I am requesting forbearance on my Brown University Institutional Loan(s) in accordance with the regulations of the program described in my original promissory note.

Name: _____ Loan Account #: _____

Street Address 1: _____ Street 2: _____

City, State, Zip: _____ Country: _____

Home Phone: (____) - _____ - _____ Cell Phone: (____) - _____ - _____

E-mail Address: _____ 2nd E-mail Address: _____

Current Employer/Service Agency Name & Address: _____

Position Title: _____ Employed From: _____ To: _____

Forbearance Requested

Number of months requested: _____
(The maximum allowable forbearance benefit is **36 months**, granted up to a maximum of **12 months** at a time.)

Please detail the circumstances that make this forbearance necessary.

Borrower Certification:

I certify that all statements are true and correct. I will notify the Brown University Loan Office of any change in my address and/or employment status. I will provide additional documentation to the Loan Office, as required to support my eligibility for this deferment. It will be held in strictest confidence and will not be disseminated outside the requirements of the Brown University Loan Office.

I understand that:

- I must pay any interest and late fines due on my account before a forbearance can be processed.
- I must continue making monthly payments until notified of forbearance approval.
- Interest will continue to accrue during forbearance and must continue to be paid monthly. **Interest cannot be capitalized.**

I understand that by signing below, I certify that I have read, understand, and meet the eligibility requirements for the forbearance I am requesting.

Signature _____ Date _____

For Institutional Use Only:

Approved for Period _____ Reviewing Officer _____

Denied/Reason _____ Reviewing Officer _____

Completed signed application may be faxed, scanned and emailed, or mailed to our office at the address above.