



Access Group Loan Servicing
 P.O. Box 7450
 Wilmington, Delaware 19803-0450
 U.S.A.

877-472-3227 (toll-free, U.S. only)
 302-477-6430 (from outside the U.S.)
 Fax 302-476-3555
 E-mail: servicing@AccessGroup.Org
www.AccessGroup.Org/Account

RESIDENCY FORBEARANCE REQUEST FORM FOR ACCESS GROUP AFFILIATED STUDENT LOANS (ASL)

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) or for other Access Group private loans. Please call us with any questions.

This forbearance can be granted for up to two years (24 months) to borrowers who first applied for an ASL loan on or before April 30, 2010, or up to three years (36 months) for borrowers who first applied for an ASL loan on or after May 1, 2010, and who are participating in a required postgraduate medical or dental residency program following graduation. To qualify, you must have used up or be nearing the end of your nine-month grace period and must provide evidence of participation from your school.

NOTE: If you also have federal loans from Access Group and you have already provided verification of your residency participation status for those federal loans, you do not need to submit this form. For more information, call us at one of the numbers above Monday through Friday, 9 a.m. – 8 p.m. U.S. Eastern Time.

- **If your 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, subject to the 24-month or 36-month maximum described in your Loan Agreement.
- If your account is delinquent, the forbearance can be used retroactively to cover the period of delinquency provided the delinquency is during your attendance dates; however, any negative reports that were submitted previously to the consumer reporting agencies will not be removed.
- If we do not receive this form, your loans will continue to be 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.
- 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) monthly during the forbearance period, and any remaining accrued unpaid interest is capitalized at the end of the forbearance period, which increases the total cost of the loan.
- Each month spent in forbearance will correspondingly reduce the remaining months of your repayment period.
- You must submit proof of your continuing status each year that you wish to postpone repayment while you continue to be in your residency. This proof can consist either of this form, the federal verification forms used for your federal loans, or a letter from your program administrator.
- **You will receive information prior to the expiration of the forbearance period regarding your next payment due date.**

Instructions: Complete Section 1, have your residency program administrator complete Section 2, and sign and date in Section 3. Send the form to us via fax to 302-476-3555 or via mail to the address shown above.

SECTION 1: Borrower Information

Name: _____ Account Number: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Work phone: (____) _____

Cell phone: (____) _____ E-mail: _____

SECTION 2: Residency Information

Residency institution: _____

Program start date: _____ Projected completion date: _____

Program administrator phone number: _____

Program administrator name (print): _____

Program administrator signature: _____

SECTION 3: Signature

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 ASL private loan(s).

Borrower's Signature _____
 Date