



BROWN

Brown University  
Student Financial Services  
Box 1950, Providence, RI 02912  
(401) 863-2484  
studentfinancialservices@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: \_\_\_\_\_ 2<sup>nd</sup> 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 scanned, emailed or mailed to Student Financial Services at the contacts listed above.**