



# Private Loan In-School Deferment Request For Student and Parent Borrowers

## Section 1: Borrower Identification (Student or Parent\*\*)

Please enter or correct the following information:

SSN \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

## Section 2: Student Identification (Section only required for Parent Partnership Loans)

I understand the deferment being requested is for the student listed below. If I have Parent Partnership Loans for more than one student, I must submit a separate deferment form for each student.

Student's Name \_\_\_\_\_ Student's SSN \_\_\_\_\_

## Section 3: Borrower Understanding and Certifications

- **I understand that:** I am not required to make payments of loan principal during authorized periods of deferment, however, interest will be charged on my loan(s) during this period. I may choose to make interest payments during periods of deferment. Interest that I do not pay during the deferment period will be capitalized by Iowa Student Loan in accordance with the credit agreement that I originally signed.
- An authorized period of deferment is any amount of time that I have requested and Iowa Student Loan, at its sole discretion, has granted, during which I will not have to make monthly payments. The aggregate deferment periods for my loan may not exceed 84 months. However, for the Health Degree® Loan and Health Degree® Extra Loan programs the aggregate deferment periods for my loan may not exceed 102 months. If I cease to be an eligible student, but subsequently become an eligible student again, Iowa Student Loan may automatically grant to me an authorized period of deferment. I may cancel this authorized period of deferment at any time by providing written notification to Iowa Student Loan. The interim period is considered an authorized period of deferment/grace period and will be subtracted from the 84- or 102-month aggregate total.

Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 4: Authorized School Officials' Certification

**Note: As an alternative to completing this section, the school may attach its own enrollment certification report listing the required information.**

I certify, to the best of my knowledge and belief, the borrower or student named above:

is/was enrolled as (check the appropriate box)  a full-time student  at least a half-time student

during the academic period from \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ to \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and is reasonably expected to complete his/her program requirements on \_\_\_\_\_.

Name of institution \_\_\_\_\_ OPE-ID \_\_\_\_\_

Address (Street, City, State ZIP) \_\_\_\_\_

Name/Title of Authorized Official \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return the completed deferment form and any required documentation to:**

Iowa Student Loan  
Ashford II Building, 6775 Vista Drive  
West Des Moines, IA 50266-9305

Phone: (515) 243-5626 or (800) 243-7552  
Fax: (515) 223-9535