



Private Loan In-School Assistance Request for Student and Parent Borrowers

Section 1: Borrower Information

Account Number: _____

Name: _____

Email Address (optional): _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone – Primary: _____ Telephone – Alternate: _____

Section 2: Student Identification

(For Parent Partnership Loans Only)

I understand the assistance being requested requires that the student, who is listed below, attend a Title IV eligible school on at least a half-time basis, as defined by the school. If I have Parent Partnership Loan(s) for additional students who also qualify for this assistance, I must submit a separate form for each student.

Student's Name: _____

Section 3: Additional Information

Auto-Debit Borrowers

If you are currently using auto-debit and will not have the funds available for your next scheduled debit, call Aspire Servicing CenterSM at least five business days prior to your due date to have the next scheduled debit suspended. This should allow you time to submit your assistance request. However, keep in mind that you are responsible for all of your monthly installments until your request for assistance is approved.

Explanation of Interest Capitalization

Capitalization of interest is the addition of outstanding accrued interest to the current principal balance of the loan(s). Capitalization of interest results in a higher principal balance and additional finance charges over the course of repayment and may cause your monthly payment amount to increase. Aspire Servicing Center may automatically capitalize outstanding interest at the expiration of an assistance period if allowed by the credit agreement you signed. If capitalization is applicable for the assistance period, you will receive monthly notices advising you of the amount of interest that has accrued on your loan(s). These notices give you the opportunity to satisfy outstanding interest before capitalization.

Section 4: Authorized School Official's Certification (to Be Completed by the School)

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 student named below 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 or her program requirements on _____.

Student's Name: _____

Name of Institution: _____ OPE-ID: _____

Address: _____

City: _____ State: _____ ZIP: _____

Title of Authorized Official: _____ Telephone: _____

Name of Authorized Official: _____

Authorized Official's Signature: _____ Date: _____

Section 5: Borrower Understanding and Certification

If you are attending a non-Title IV eligible school or attending a Title IV eligible school on a less than half-time basis, you may not be eligible for an In-School Deferment. Other assistance may be available.

I understand that:

- I am not required to make payments during authorized periods of assistance; however, I am responsible for the interest that accrues on my private loan(s) during this period.
- I may choose to make interest payments during periods of assistance.
- When the assistance ends, any unpaid interest may be capitalized (added to the principal balance) if allowed by the credit agreement that I originally signed.
- I am responsible for any monthly installments due before the start date of the assistance.

An authorized period of assistance is any amount of time that I have requested and Aspire Servicing Center, at its sole discretion, has granted, during which I will not have to make monthly payments. Maximum assistance time allowed varies by loan program. Specific assistance information for the loan type(s) I have are contained in my credit agreement(s). If I cease to be an eligible student, but subsequently become an eligible student again, Aspire Servicing Center may automatically grant to me an authorized period of assistance. I may cancel this authorized period of assistance at any time by providing written notification to Aspire Servicing Center.

I authorize the school, the lender, the guarantor and their respective agents and contractors to contact me regarding my loan(s), including repayment of my loan(s), at the current or any future number that I provide for my cellular phone or other wireless device using automated phone dialing equipment or artificial or prerecorded voice or text messages.

Borrower's Signature: _____ Date: _____

Return completed form and any required documentation to:

Aspire Servicing Center | P.O. Box 659705 | West Des Moines, IA 50265-0970
Phone: (800) 243-7552 | Fax: (515) 223-9535 | Electronic submission: www.studentloan.org/submit