

Request for forbearance

Private loans – In-School

Note: Not all Wells Fargo private student loans are eligible for forbearance. Please contact us at 1-800-658-3567 to verify eligibility.

Forbearance allows you to temporarily stop making payments on your account; however, interest continues to accrue on your loan(s). You remain responsible for repaying this accrued interest, which you can do either by paying interest as it accrues or by having it added to the principal balance of your loan. Amounts paid during the forbearance period will be credited toward your accrued unpaid interest and, if applicable, outstanding fees. Any remaining amounts will be applied to unpaid principal. When your forbearance ends, any unpaid interest is added to the principal balance of your loan(s).

Please carefully read this entire form before you begin completing it. You must include all the information in Sections 1 and 3, and have Section 2 completed by an authorized school official before you return this form to our office. Remember, you must continue making monthly payments until you have been notified that the forbearance is approved. **Please initial any changes you make.**

Section 1: Borrower information

NAME Michelle Menard			SSN OR ACCOUNT NUMBER 593-76-2673
STREET ADDRESS 5372 Starboard Street Apt 302			(AREA CODE) TELEPHONE NUMBER (407) 369-3966
CITY Orlando	STATE Florida	ZIP CODE 32814	EMAIL ADDRESS (OPTIONAL) MichelleEMenard@gmail.com

Section 2: School information

(Completed by an authorized school official)

NAME OF SCHOOL			
STREET ADDRESS			SCHOOL CODE
CITY	STATE	ZIP CODE	(AREA CODE) TELEPHONE NUMBER ()

Attendance dates and status Most recent enrollment term is required; additional enrollment history is optional.

Status (Please check)

Dates (MM/DD/YY)

FT <input type="checkbox"/>	3/4 <input type="checkbox"/>	HT <input type="checkbox"/>	LTHT <input type="checkbox"/>	LOA <input type="checkbox"/>	From: _____ - _____ - _____	To: _____ - _____ - _____
FT <input type="checkbox"/>	3/4 <input type="checkbox"/>	HT <input type="checkbox"/>	LTHT <input type="checkbox"/>	LOA <input type="checkbox"/>	From: _____ - _____ - _____	To: _____ - _____ - _____
FT <input type="checkbox"/>	3/4 <input type="checkbox"/>	HT <input type="checkbox"/>	LTHT <input type="checkbox"/>	LOA <input type="checkbox"/>	From: _____ - _____ - _____	To: _____ - _____ - _____
FT <input type="checkbox"/>	3/4 <input type="checkbox"/>	HT <input type="checkbox"/>	LTHT <input type="checkbox"/>	LOA <input type="checkbox"/>	From: _____ - _____ - _____	To: _____ - _____ - _____
FT <input type="checkbox"/>	3/4 <input type="checkbox"/>	HT <input type="checkbox"/>	LTHT <input type="checkbox"/>	LOA <input type="checkbox"/>	From: _____ - _____ - _____	To: _____ - _____ - _____
FT <input type="checkbox"/>	3/4 <input type="checkbox"/>	HT <input type="checkbox"/>	LTHT <input type="checkbox"/>	LOA <input type="checkbox"/>	From: _____ - _____ - _____	To: _____ - _____ - _____

Withdrawal date: _____

FT = Full time 3/4: Enrolled ¾ time HT = Half time

Expected/Graduation date: _____

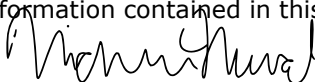
LTHT = Less than half time LOA = Leave of absence

Signature of authorized school official

Date

Section 3: Agreement

I understand that any outstanding interest accrued as of the beginning date of the forbearance and all interest accrued during the forbearance period that is not paid will be added to and become part of the principal balance of my loan(s). I understand the maximum length of a single forbearance agreement may not exceed 12 months. I agree upon termination of this forbearance agreement to repay this loan(s) according to the terms of my Promissory Note and/or Loan Request/Consumer Credit Agreement and my repayment schedule. I understand that you will notify me of my payment amount and the next due date when this forbearance period ends. I certify that the information contained in this request is true and correct.



5-21-2019

Borrower signature

Date