Education Financial Services

PO Box 5185 Sioux Falls, SD 57117-5185 1-800-658-3567 FAX: 1-800-456-0561



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.

NAME							SSN OR ACCOUNT NUMBER			
Michelle Menard							593-76-2673			
STREET AI 5372 S		d Stree	t Apt 30	3			(AREA CODE) TELEPHONE NUMBER (407) 369-3966			
5372 Starboard Street Apt 303 CITY Orlando STATE Florida					32814		EMAIL ADDRESS (OPTIONAL) MichelleEMenard@gmail.com			
	2: School	informa	tion		(Completed by an authorized school official)					
NAME OF S		sity of t	he Amei	ias, C/O F	R3 Educatio	n Inc.				
Medical University of the Amerias, C/O F STREET ADDRESS 27 Jackson Road Suite 302							SCHOOL CODE			
CITY Devens STATE MA				ZIP CODE 01434		(AREA COL	(AREA CODE) TELEPHONE NUMBER (978) 862-9500			
	ance dates (Please che		s Most rece	nt enrollment	term is required Dates (MM/D		al enrollmer	nt history is	optional.	
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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.

Borrower signature