

**Education Financial Services**  
P.O. Box 5185  
Sioux Falls, SD 57117-5185  
1-800-658-3567  
FAX: 1-800-456-0561

**WELLS  
FARGO**

# Request for Forbearance

## *Private Loans – Internship/Residency, In-School, or Fellowship*

Note: Not all Wells Fargo private education loans are eligible for a forbearance. Please contact a Wells Fargo loan specialist to verify eligibility.

A forbearance allows you to temporarily cease making payments on your account; however, you remain responsible for the interest accruing on your loan(s). You may pay interest as it accrues, or have it added to your principal balance. Amounts paid during the forbearance period will be credited toward your accrued unpaid interest, principal due, and, if applicable, outstanding fees. Any remaining amounts will be applied to unpaid principal. When your forbearance expires, any unpaid interest is added to the principal balance of your loan(s).

Please carefully read the entire Request for Forbearance form before you begin completing it. You must include all the information in Sections 1 and 4, and have Section 2 or 3 completed by the appropriate 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 Eileen Ingram (Menard)			SSN OR ACCOUNT NUMBER 593-76-2673
STREET ADDRESS 5372 Starboard Street Apt 302			TELEPHONE NUMBER (AREA CODE) ( 407 ) 369-3966
CITY Orlando	STATE FL	ZIP CODE 32814	EMAIL ADDRESS (OPTIONAL) michelleemenard@gmail.com

### Section 2: Internship/Residency or Fellowship Information (Completed by the Authorized Official)

RESIDENCY BEGIN DATE		RESIDENCY END DATE	
NAME OF ORGANIZATION		(AREA CODE) TELEPHONE NUMBER ( )	
ADDRESS			
CITY		STATE	ZIP CODE
SIGNATURE OF AUTHORIZED OFFICIAL		DATE	

### Section 3: School Information (Completed by the Authorized School Official)

ACADEMIC PERIOD BORROWER ENROLLED Begin / / End / /			ANTICIPATED GRADUATION DATE (MM/DD/YY) / /	ENROLLMENT STATUS <input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less than Half Time
NAME OF SCHOOL				
STREET ADDRESS			SCHOOL CODE	
CITY	STATE	ZIP CODE	(AREA CODE) TELEPHONE NUMBER ( )	
SIGNATURE OF AUTHORIZED SCHOOL OFFICIAL			DATE	

### Section 4: 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 24 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'S SIGNATURE	DATE
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