Education Financial Services

P.O. Box 5185 Sioux Falls, SD 57117-5185

1-800-658-3567 FAX: 1-800-456-0561



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.**

NIANAE	Section 1: Borrower Information						
NAME					SSN OR ACCOUNT NUMBER		
STREET ADDRESS					TELEPHONE NUMBER (AREA CODE)		
CITY STATE			ZIP CODE		EMAIL ADDRESS (OPTIONAL)		
Section 2: Internship/R	lesidency or	r Fellowsh	nip Inforn		(Completed	by the	Authorized Official)
RESIDENCY BEGIN DATE				RESIDENCY END DATE			
NAME OF ORGANIZATION					(AREA CODE) TELEPHONE NUMBER		
ADDRESS					<i>1 7</i>		
CITY					STATE	ZIP CO	DE
SIGNATURE OF AUTHORIZED OFFI	ICIAL			DATE			_
Section 3: School Inform	 mation			(Com	oleted by the	Author	ized School Official)
ACADEMIC PERIOD BORROWER ENROLLED					ANTICIPATED GRADUATION ENROLLMENT STATUS		
Begin/	/	End	/	/	DATE (MM/DD/YY)		☐ Full Time
NAME OF SCHOOL					//		☐ Half Time☐ Less than Half Time
STREET ADDRESS					SCHOOL CODE		
		STATE ZIP CO		E	(AREA CODE) TELEPHONE NUMBER		
CITY							
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SIGNATURE OF AUTHORIZED SCHO	OOL OFFICIAL			DATE			
SIGNATURE OF AUTHORIZED SCHOOL	OOL OFFICIAL		I	DATE			
SIGNATURE OF AUTHORIZED SCHOOL Section 4: Agreement		rest accrue	ed as of th		of the forbeara	ance an	nd all interest accrued
SIGNATURE OF AUTHORIZED SCHOOL	standing inte			e beginning date			
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