

**Forbearance Request**

**Nursing Student Loan (NSL); Health Professions Student Loan (HPSL);  
Loans for Disadvantaged Students (LDS); Primary Care Loan (PCL)**

**PLEASE READ CAREFULLY BEFORE YOU COMPLETE THIS REQUEST**

1. NSL, HPSL, LDS and PCL borrowers are eligible to apply for periods of forbearance due to extraordinary circumstances that have a short-term impact on a borrower’s ability to make payments as scheduled.
2. Forbearance is granted at the discretion of the SUNY Student Loan Service Center (SUNY SLSC) depending on your personal circumstance. Typically, changes in employment, periods of unemployment, health issues and medical expenses qualify as extraordinary circumstances.
3. Forbearance temporarily suspends the payment of principal; however interest continues to accrue. You will receive a monthly bill from the SUNY SLSC for interest due. Any interest not paid during forbearance will be included when regular repayment resumes. Forbearance does not extend your repayment period.
4. It is your responsibility to immediately notify the SUNY SLSC of any change that might impact your forbearance eligibility, should a period of forbearance be granted.
5. Carefully read the entire Forbearance Request prior to completing it. **Submit your completed request with supporting documentation to the: SUNY SLSC, 5 University Place, Rensselaer, NY 12144-3440.**

**SECTION 1: BORROWER INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SID No **898** \_\_\_\_\_  
SSN (last 4 digits only) \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone \_\_\_\_\_

Loan Program NSL \_\_\_\_\_; HPSL \_\_\_\_\_; LDS \_\_\_\_\_; PCL \_\_\_\_\_

Requested *START* Date of Forbearance: \_\_\_\_\_ Requested *END* Date of Forbearance: \_\_\_\_\_ (mm/dd/yy)

**SECTION 2: FORBEARANCE REQUEST**

**1. I am experiencing a temporary hardship related to one of the following situations:**  
(Provide effective date and explanation of circumstance. You may use the reverse side to provide additional information)

**Financial Difficulties:** ( / / ) \_\_\_\_\_

**Change in Employment:** ( / / ) \_\_\_\_\_

**Medical Expenses:** ( / / ) \_\_\_\_\_

**Other:** ( / / ) \_\_\_\_\_

**SECTION 3: BORROWER CERTIFICATION**

I certify that:

- I am requesting forbearance on my NSL, HPSL, LDS or PCL that I received while enrolled at SUNY.
- The information that I have provided on this form and the attached Financial Statement is true and correct.
- I will provide additional documentation, as needed, to support my forbearance request.
- I will repay my loan(s) according to the terms of my promissory note, even if my request is not granted.

**Borrower’s Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ (mm/dd/yyyy)