



Internship/Residency Forbearance Request

William D. Ford Federal Direct Loan Program
Federal Direct Stafford/Ford Loans, Federal Direct Unsubsidized Stafford/Ford Loans, Federal Direct PLUS Loans, Federal Direct Consolidation Loans

OMB No. 1840-0721
Form Approved
Exp. Date 7/31/99

IRFB
Internship/Residency

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

Borrower's Information

Please print legibly using blue or black ink.

Last Name	First Name	Middle Initial	Social Security Number
Street Address			Home Area Code/Telephone Number ()
City	State	Zip Code	

Section 1: Forbearance Request

Must be completed by borrower. See eligibility criteria on the back of this form.

Forbearance means an arrangement to postpone or reduce the amount of a borrower's monthly payment for a limited and specific time period. The borrower is charged interest during a forbearance.

If this forbearance is approved, I choose to (check one):

- temporarily stop making payments; make smaller payments than previously scheduled. I would like to pay \$ _____ per month.

I meet the required conditions stated on the back of this form for the forbearance checked below and request that the U.S. Department of Education (ED) grant a forbearance on my loan(s) beginning (MM-DD-YY) and ending (MM-DD-YY) for a period not to exceed one year. At the end of one year, I may reapply to renew the forbearance if I meet the required conditions.

I am engaged in a medical or dental **INTERNSHIP/RESIDENCY** program that (check one):

- must be successfully completed before I may begin professional practice or service; or
- leads to a degree or certificate awarded by an institution of higher education, a hospital, or a health care facility that offers postgraduate training.

Borrower Understandings and Certifications

I understand that: (1) I will continue to receive billing statements for my current payment amount which I must pay until I am notified by the Direct Loan Servicing Center that my forbearance request has been granted; (2) ED will not grant this forbearance request unless all applicable sections of this form are completed and any additional required documentation is provided; (3) during the forbearance period, principal and interest payments may be forborne, but interest will continue to accrue whether or not my loan(s) is subsidized by the federal government; (4) if I requested a temporary suspension of payments, I will receive a quarterly statement detailing the interest that has accrued during the prior period, and unless I choose to pay this interest, ED will add the interest to the principal balance of my loan(s) at the end of the forbearance period (this is called capitalization); (5) if I requested a reduced payment forbearance, I will receive a monthly bill for the requested payment amount until the forbearance ends, and any unpaid interest that has accrued during the period will be added to the principal balance of my loan(s) (capitalized) at the end of the forbearance period.

I certify that: (1) The information I have provided above is true and correct; (2) I will provide additional documentation, as required, to ED to support my continued forbearance status; (3) I will notify ED immediately when the condition(s) that qualified me for the forbearance ends; (4) I have read, understand, and meet the terms and conditions of the forbearance for which I have applied; and (5) I agree, upon termination of this forbearance, to repay this loan according to the terms of my promissory note and repayment schedule.

Signature of Borrower: _____ Date: _____

Section 2: Authorized Official's Certification

See List of Authorized Officials below. Please print or type.

I certify that, to the best of my knowledge and belief, the borrower named above is a student engaged in the internship/residency indicated in Section 1 and that the borrower and the borrower's program meet all the eligibility requirements specified on the back of this form.

The borrower's internship/residency begins (MM-DD-YY) and is expected to end (MM-DD-YY) .

Name of Institution/Organization _____

Address _____ Institution's ID Number _____

City, State, Zip Code _____ Telephone () _____

Signature of Authorized Official _____ Date _____

Name/Title of Authorized Official _____

Authorized Certifying Officials

- Internship/Residency Program Official (For all Internships and Residencies)
- State Licensing Official (For all internships required to begin professional practice or service)

Section 3 - Eligibility Criteria

I must have been accepted into an internship/residency program which must: (a) be a supervised training program; and (b) require that I hold at least a Bachelor's Degree before acceptance into the program.

In addition, my program must either (a) lead to a degree or certificate from an institution of higher education, a hospital, or a health care facility that offers postgraduate training, or (b) be required before I may be certified for professional practice or service. If (b), I must provide to ED, attached to this form, a separate statement from my state licensing agency which certifies that my internship/residency, or portion thereof, is required before I may be certified for professional practice or service.

Important Notices

Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C. 552a) requires that we disclose to you the following information:

The authority for collecting this information is §451 *et seq.* of the Higher Education Act of 1965, as amended (the HEA) (20 U.S.C. §1087a *et seq.*). The principal purpose for collecting this information is to determine whether you are eligible for a forbearance on your loan(s) under the William D. Ford Federal Direct Loan (Direct Loan) Program.

We ask that you provide the information requested on this Direct Loan forbearance form on a voluntary basis. However, you must provide all of the requested information that is available to you so the Department can determine whether you qualify for a forbearance.

The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, *Federal Register*, Vol. 59, p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, *Federal Register*, Vol. 59, p. 65532). Thus, this information may be disclosed to parties that we authorize to assist us in administering the Federal student aid programs, including contractors that are required to maintain safeguards under the Privacy Act. Disclosures may also be made for verification of information, determination of eligibility, enforcement of conditions of the loan or grant, debt collection, and the prevention of fraud, waste, and abuse and these disclosures may be made through computer matching programs with other Federal agencies. Disclosures may be made to determine the feasibility of entering into computer matching agreements. We may send information to members of Congress if you ask them in writing to help you with Federal student aid questions. If we are involved in litigation, we may send information to the Department of Justice (DOJ), a court, adjudicative body, counsel, or witness if the disclosure is related to financial aid and certain other conditions are met. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for consideration of action and we may disclose to DOJ to get its advice related to the Title IV, HEA programs or questions under the Freedom of Information Act. Disclosures may be made to qualified researchers under Privacy Act safeguards. In some circumstances involving employment decisions, grievances, or complaints or involving decisions regarding the letting of a contract or making of a grant, license, or other benefit, we may send information to an appropriate authority. In limited circumstances, we may disclose to a Federal labor organization recognized under 5 U.S.C. Chapter 71.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

Paperwork Reduction Notice

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1840-0725. The time required to complete this information collection is estimated to average 0.2 hours (12 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, DC 20202-4651. **If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the Direct Loan Servicing Center. If you need to confirm the Direct Loan Servicing Center's address, call 1 (888) 447-4460.**

Return this form and any required documentation to the Direct Loan Servicing Center. If you need to confirm the Direct Loan Servicing Center's address or require assistance with completing this form, call 1 (888) 447-4460.