REQUEST FOR FORBEARANCE

BANK OF NORTH DAKOTA
STUDENT LOANS
SFN 58823 (11-2016)

Section 326 of the USA PATRIOT Act[1] requires us to ask for the borrower's Social Security Number. The principal purpose and routine uses of this information are to verify the borrower's identity, provide for the servicing of the borrower's account or loan, including communications with consumer reporting agencies, and in the event it is necessary, to locate the borrower and collect on the borrower's loan(s). Providing any requested information is mandatory in order to receive the requested service. We may not be able to grant the service if the requested information is not provided.

[1] This notice also satisfies our obligations under the Privacy Act of 1974.

Instructions

Lines 1-6 of this form must be completed before the forbearance can be granted. Please read the form carefully before you sign it. A notice of approval or denial will be sent to you after the request is processed. ***Monthly payments must be continued on your account until the forbearance is approved.***

BORROWER COMPLETE LINES 1-6

1. Name			Social Security Number or Reference Number
2. Street Address			Email Address
3. City	State	ZIP Code	Home Telephone Number (include area code)
4. Cell Telephone Number (include area code)			Employer Telephone Number (include area code)

5. Borrower's Reason for Forbearance

- ☐ Temporary Financial Difficulty
- ☐ Other (please explain below)

_____

_____

6. Forbearance Agreement

I am willing, but temporarily unable, to repay my loan according to the repayment schedule. I agree to begin/resume my regular payments at the end of the forbearance period. I authorize my lender to capitalize (add to the principal balance) any outstanding accrued interest on my account(s) which is required to bring my account current for the processing of the forbearance. I understand that this forbearance is granted at the Lender's option.

My signature denotes that I fully understand and agree to the terms of this forbearance.

Borrower Signature	Date (mm/dd/yyyy)
Cosigner Signature (required when applicable)	Date (mm/dd/yyyy)

Please return form by mail, fax or email to:

Bank of North Dakota
Student Loans
PO Box 5509
Bismarck, ND 58506-5509
FAX: 701.328.5629
bndser@nd.gov

If you have any questions:

800.472.2166 ext. 328.5660
701.328.5660
TTY: 800.366.6888
bnd.nd.gov

TO BE COMPLETED BY LENDER (upon receipt of borrower's completed forbearance request)

Approval/Denial ☐ Approve ☐ Deny	Dates of Approval (mm/dd/yyyy)

The above named borrower is hereby granted forbearance for the terms stated.

Lender Signature	Date (mm/dd/yyyy)