In-School Deferment Request

To be Completed by Borrower:

SSN: _____ Home Telephone#: _____
Name: _____ Cell Phone#: _____
Address: _____ Email Address: _____
City, State, Zip: _____

Section 1 - Deferment Request - Must be completed in full and signed in ink by the borrower.

I meet the qualifications stated below and request that Rhode Island Student Loan Authority (RISLA) defer repayment of my loans.

☐ I am enrolled at an eligible school.

Borrower Understandings and Certifications:
I understand that: (1) My deferment will begin on the date the deferment condition began; (2) RISLA will not grant this deferment unless all applicable sections of this form are completed and additional required documentation is provided; (3) Any deferment of my loan(s) will continue until I graduate from my School or am no longer enrolled, but in no event for a period of more than fifty-four (54) months from the date my original promissory note was signed; (4) Principal payments will be deferred and I am responsible for paying the interest that accrues; and (5) If I do not choose to pay all the interest that accrues during my deferment period, RISLA will capitalize such interest to the extent permitted by law. This will increase the principal balance of my loan(s).

I certify that: (1) The information provided above is true and correct; (2) I will provide additional documentation, as required, to RISLA to support my continued deferment status; (3) I will notify RISLA immediately when the condition(s) that qualified me for the deferment ends; and (4) I have read, understand, and meet the terms and conditions of the deferment for which I have applied.

Borrower Signature _____ **Date** _____

Section 2 – Authorized School Official's Certification – Please print or type using dark ink

Instructions for School Official: Item **(1) and** item **(2)** of this section must be completed. The school official, in lieu of completing this section, may attach its own enrollment certification report listing the required information.

I certify, to the best of my knowledge and belief that the borrower named above:

(1) Is/was enrolled as (check appropriate box) ☐ a full time student ☐ at least half time student ☐ below half time taking ___ credits During the academic period from (MM-DD-YYYY) _____ to _____ and

(2) Is reasonable expected to complete his/her program requirements on: (MM-DD-YYYY) _____.

Name of School: _____ School Code: _____

Address: _____ Telephone#: _____

City, State, Zip: _____ Email Address: _____

Signature of Authorized Official: _____ Date: _____

Name/Title of Authorized Official: _____

Section 3 – Definitions / Eligibility Criteria for In-School Deferment Request

Definitions

- A **deferment** is a period during which I am postponing repayment of the principal balance of my loan. I am responsible for the interest that accrues during this period.
- Capitalization is a process whereby unpaid interest is added to the principal balance of the loan. If my interest is capitalized, it will increase the total amount of interest that I will owe on my loan.

Eligibility Criteria

To defer (postpone) repayment of my loans while:

- I am enrolled at an eligible school.

Qualifications

- Proof of enrollment.

Authorized Certifying Officials

- An authorized official of the school where I am/was enrolled as a student.

Section 4 – Servicer Information

Send the completed form to:

Rhode Island Student Loan Authority
PO Box 81071
Warwick, RI 02888-0089

Telephone #: 888.897.4752
Fax #: 401.468.1745
Email: customerserivce@risla.com