

Section 1 - Deferment Request - Must be completed in full and signed in ink by the borrower. Electronic signatures will not be accepted.	
SSN:	Name:
Address	:
Home P	hone#: Cell Phone#: Email Address:
School 1	Name:
School .	Address:
I meet th	e qualifications stated below and request that Rhode Island Student Loan Authority (RISLA) defer repayment of my loans.
(1)	I am enrolled at least half-time at a Title IV Degree Granting Institution
(2)	I am enrolled as an (please check one):
	□ Undergraduate Student □ Graduate Student □ Doctorate Student
I unders	tand that:
(1)	I must be enrolled <b>At Least Half-Time</b> at a Title IV Degree Granting Institution and will notify RISLA immediately when my enrollment status changes.
(2)	I understand that by being enrolled <b>At Least Half-Time</b> at a Title IV Degree Granting Institution, I may be eligible for an in-school deferment on my RISLA alternative loan(s)
(3)	I understand if for any reason I drop below half-time or meet the maximum deferment time allowed under my Promissory Note, I will go into repayment immediately
(4)	Principal payments will be deferred, and I am responsible for paying the interest that accrues; and
(5)	If I choose not to pay all the interest that accrues during my deferment period, RISLA will capitalize such interest to the extent permitted by law. When interest is capitalized it will increase the principal balance of my loan(s) and my payments may increase.
(6)	I understand my deferment will not be processed until my institution updates the National Student Clearinghouse with my enrollment information
I certify	that:
(1)	The information provided above is true and correct
(2)	I will provide an unofficial/official school transcript to RISLA to support my continued deferment status
(3)	I will notify RISLA immediately when the condition(s) that qualified me for the deferment end(s); and
(4)	I have read, understand, and meet the terms and conditions of the deferment for which I have applied.
Borrow (Must be	er Signature Date signed in ink by the borrower. Electronic signatures will not be accepted)
Return	Completed Form by: Mail: RISLA Fax: 401.468.2195

Please contact RISLA at 888.897.4752 or <a href="mailto:customerservice@risla.com">customerservice@risla.com</a> with any questions

Warwick, RI 02888-0089

Securely Online: www.risla.com/send-docs