

Medical/Parental Leave Deferment Request Form



Borrower's Name: _____ SEAA ID#: _____

Program through which you received funding: _____

The North Carolina State Education Assistance Authority has received a request from the borrower named above for postponement of payments on the above scholarship loan(s). The borrower has requested postponement for medical or parental leave reasons. So that we may accurately evaluate this request, please complete the following information, as applicable.

SECTION 1: Reason for Deferment.

To be completed by borrower. Please check applicable item.

Medical Leave. Briefly describe nature of illness or medical condition:

Parental Leave. Please provide due date/date of birth/date of adoption ___/___/___

Borrower's Signature: _____ Date: _____

Section 2 must be completed by the doctor, physician's assistant, nurse-midwife, or other health care provider before postponement can be granted. In the case of maternity/parental leave deferment, a copy of the child's birth certificate or adoption papers may be substituted for Section 2.

SECTION 2. Certification of status by healthcare provider.

I certify that the above-names person is under my professional care for the following medical condition:

Tentative date she/he will be able to return to training or employment: ___/___/___.

Restrictions (if any): _____

I attest that the foregoing information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Business Name _____

Address: _____

