

# Medical/Parental Leave Deferment Request Form

Name: \_\_\_\_\_ NCSEAA PID#: \_\_\_\_\_

Loan 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.*

## **SECTION 2. Certification of status by healthcare provider.**

I certify that the above-named 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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

