

# Student Loan Deferment Request

Your Name  
Your Address  
City, State, Zip Code  
Your Email  
Your Phone Number

Date: [Insert Date]

Loan Servicer Name  
Loan Servicer Address  
City, State, Zip Code

Dear [Loan Servicer's Name],

I am writing to formally request a deferment of my student loans due to a medical leave of absence. I am currently enrolled in [Your School's Name] and have faced unforeseen medical challenges that have necessitated my temporary withdrawal from classes.

My medical condition, which has been documented by my healthcare provider, has rendered me unable to continue my studies and manage my financial obligations effectively. I have attached the pertinent medical documentation to support my request.

Given these circumstances, I kindly request that you approve my application for a deferment for the duration of my medical leave. I am committed to resuming my studies and reinstating my loan repayment once I am medically cleared to return.

Thank you for considering my request. I appreciate your understanding and support during this challenging time. Please feel free to contact me if you require any further information.

Sincerely,  
[Your Name]  
[Your Student ID Number]