

Application for Extended Student Loan Deferment

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request an extended deferment on my student loans due to medical reasons. My name is [Your Full Name], and my student loan account number is [Your Account Number].

Due to a medical condition that has significantly impacted my ability to work and continue my studies, I am seeking an extension of my loan deferment. Attached are the medical documents from my healthcare provider confirming my condition and the need for continued treatment.

I appreciate your understanding and support during this challenging time. I hope for a favorable response to my request for an extended deferment.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]

[Your Email Address]

[Your Phone Number]