

# Request for Student Loan Repayment Reconsideration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Loan Service Provider Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Loan Officer's Name or "To Whom It May Concern"],

I am writing to formally request a reconsideration of my student loan repayment plan for [Loan Account Number]. Due to [briefly explain your reason - e.g., financial hardship, job loss, medical issues], I am currently unable to meet the existing repayment terms.

Given my circumstances, I would greatly appreciate your assistance in reassessing my repayment options. I am committed to fulfilling my loan obligations and believe that [mention any specific adjustment you are seeking, e.g., a lower monthly payment, extended repayment term].

Attached are the necessary documents supporting my request, including [list any attached documents, e.g., financial statements, employment letters].

Thank you for considering my situation. I hope to hear from you soon regarding this matter.

Sincerely,

[Your Name]