

Letter of Appeal for Student Loan Deferral

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Loan Servicer's Name]

[Loan Servicer's Address]

[City, State, Zip Code]

Dear [Loan Servicer's Name],

I hope this letter finds you well. I am writing to formally appeal for a deferral on my student loan payments due to significant medical reasons. My name is [Your Name], and I am a borrower with the account number [Your Account Number].

Unfortunately, I have been diagnosed with [briefly describe your medical condition], which has severely impacted my ability to maintain my studies and manage my financial responsibilities. Attached to this letter, you will find documentation from my healthcare provider detailing my situation.

Given these circumstances, I kindly request a deferral of my student loan repayments for [time period you are requesting, e.g., 6 months, 1 year]. This would provide me with the necessary time to focus on my recovery and return to a stable financial situation.

I appreciate your understanding and consideration of my appeal. If you require any further information or documentation, please do not hesitate to reach out to me via [your preferred contact method].

Thank you for your time and support.

Sincerely,

[Your Name]