



**New York University**  
*A private university in the public service*

School of Law  
 Student Financial Services  
 245 Sullivan Street, 4<sup>th</sup> Floor  
 New York, NY 10012  
 Telephone: (212) 998-6050  
 Facsimile: (212) 995-4525  
 E-mail: law.finaid@nyu.edu

**REQUEST FOR  
 LRAP DEFERRAL**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 (print) (print)

SSN or Univ. ID #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Graduation Date (mm/yyyy): \_\_\_\_\_

I hereby request a Loan Repayment Assistance Program (LRAP) deferral. I understand that, as an LRAP participant, I may request a program deferral up to a maximum of 24 months. I further understand that the Program Administrator has complete discretion in determining whether to grant a program deferral request and that I may be required to submit additional documentation in support thereof. I understand participants are ineligible to receive LRAP advances during a Program deferral period.

Please identify (check) the reason for the deferral request:

- |   |  |
|---|--|
| <input type="checkbox"/> Continuing education     | <input type="checkbox"/> Economic hardship             |
| <input type="checkbox"/> Involuntary unemployment | <input type="checkbox"/> Temporary disability          |
| <input type="checkbox"/> Parental leave           | <input type="checkbox"/> Other (please describe below) |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requested dates of deferral: from \_\_\_\_\_ to \_\_\_\_\_  
 (mm/dd/yyyy) (mm/dd/yyyy)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Date Received: _____	Reviewed Date: _____
Determination: _____ _____ _____	
Participant Notified Date/Via: _____	Signature of Reviewer: _____

**Return to:**  
 NYU School of Law, Student Financial Services, 245 Sullivan Street, 4<sup>th</sup> Floor, New York, NY 10012  
 or fax to (212) 995-4525