

[Hospital or University Letterhead]

[Date]

[Loan Servicer Name]

[Loan Servicer Address]

[City, State, Zip Code]

RE: Employment Verification for Student Loan Deferment/Forbearance

To Whom It May Concern,

This letter is to officially verify that **[Resident Full Name]** is currently employed as a full-time resident physician in the **[Name of Residency Program, e.g., Internal Medicine]** department at **[Name of Institution]**.

The details of their residency are as follows:

- **Start Date of Residency:** [Month, Day, Year]
- **Expected Completion Date:** [Month, Day, Year]
- **Current Status:** Full-time Resident (Post-Graduate Year [1/2/3/etc.])

This residency program is accredited by the [ACGME / AOA] and meets the requirements for medical residency as defined by federal student aid regulations. The individual named above is receiving structured medical training and is required to hold a medical degree (MD or DO) to participate in this program.

If you require any further documentation or information to process the deferment or forbearance request for [Resident Full Name], please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Printed Name of Program Coordinator or Director]

[Title]

[Department Name]

[Institution Name]