

**REQUEST FOR DEFERMENT OR PARTIAL CANCELLATION  
FOR NDSL, PERKINS AND FEDERAL PERKINS LOANS**

**PART I: TO BE COMPLETED BY BORROWER**

Name of Borrower \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
\_\_\_\_\_ Social Security Number \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_

**Signature of Borrower:** \_\_\_\_\_

**SECTION – A  
DEFERMENTS**

- At least half-time student in an institution of Higher Ed.
- Full-time volunteer for tax-exempt organization in service comparable to Peace Corps or Action Program.
- Graduate fellowship study.
- Head Start program.
- Internship/Residency.
- Law enforcement/Correction officer.
- National Oceanic & Atmospheric Admin. Corps.
- Nurse/Medical Technician providing health services.
- Officer in Commissioned Corps of U.S. Public Health Services.
- Peace Corps/Action Program.
- Provider of early intervention services.
- Provider/Supervisor of provision of services to high-risk children from Low-income communities and their families.
- Rehabilitation training.
- Teacher in designated low-income school.
- Teacher of the handicapped.
- Teacher of mathematics, science, foreign language, bilingual ed., or other field of expertise determined by state agency.
- Teacher of Special Education including teacher of infant, toddlers, children or youth with disabilities.
- U.S. Armed Services Active Duty. (hostile fire pay)

**SECTION – B  
PARTIAL CANCELLATIONS**

**TO QUALIFY FOR PARTIAL CANCELLATION YOU MUST HAVE WORKED (FULL TIME) FOR ONE COMPLETE YEAR**

- Special education teacher.
- Teacher in a low-income school.
- Teacher of math, science, foreign language, bilingual, or any field of expertise Determined by state agency
- Head Start Program
- Law enforcement/Correction officer.
- Nurse/Medical Tech. Providing health care services.
- Peace Corps/Vista or Action program.
- Provider of early intervention services. (Infants, toddlers, under 2 years of age)
- Provider/Supervisor of services to high risk children.
- Teacher of the handicapped.
- U.S. Armed Forces (hostile fire pay).

**INSTRUCTIONS**

**A. Deferment –**

If you are currently active in one of the above listed categories, complete Part I Section A. After completion, have the proper official complete Part II Certifying you request.

**B. Partial Cancellation –**

If you have been employed for a consecutive year in one of the categories listed in Section B, complete Part I section B. After completion, have the proper official Certify Part II. If you were a member of the armed forces, you must have Completed a year of service while qualifying for hospital fire pay.

**DEFERMENT DATES**

From: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

**CANCELLATION DATES**

From: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

**REQUIRED:**

**Brief Job Description:** \_\_\_\_\_

**County of Employment: (for cancellations only)** \_\_\_\_\_

**PART II: CERTIFICATION STATUS**

I certify that the information stated in Part I is true and correct.

**REQUIRED SCHOOL OPE CODE# (FOR IN-SCHOOL DEFERMENTS ONLY)** \_\_\_\_\_

FROM: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ TO: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

NAME OF INSTITUTION OF ORGANIZATION \_\_\_\_\_

ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_

SIGNATURE OF AUTHORIZED OFFICIAL \_\_\_\_\_

NAME AND TITLE OF AUTHORIZED OFFICIAL (PLEASE PRINT) \_\_\_\_\_ AREA CODE/PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICIAL SEAL/STAMP**  
If not available attach official letterhead.

**PART III: Completed by the Lending Institution (for office use only)**

Approved  Disapproved Date \_\_\_\_\_  
 1<sup>st</sup> yr/15%  2<sup>nd</sup> yr/15%  3<sup>rd</sup> yr/20%  4<sup>th</sup> yr/20%  5<sup>th</sup> yr/30%