

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

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

Name of Borrower: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\_\_\_\_\_ Social Security Number: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

**DEFERMENT**

**YOU MUST BE WORKING FULL-TIME IN ONE OF THE FOLLOWING FIELDS**

- \_\_\_ Teacher in designated low-income (Title I) school or low-income educational service agency.
- \_\_\_ Teacher of mathematics, science, foreign language, bilingual ed., or other field of expertise determined by state agency as a teacher shortage field.
- \_\_\_ Teacher of Special Education including teacher of infant, toddlers, children or youth with disabilities. Service must be performed in a public or other nonprofit elementary or secondary school system.
- \_\_\_ Staff member in a Head Start Program.
- \_\_\_ Librarian or speech language pathologist in a low-income (Title I) school, master's degree required (for service on or after 08/14/2008).
- \_\_\_ Staff member of a Pre-Kindergarten/Child Care program licensed or regulated by the state (for service on or after 08/14/2008).
- \_\_\_ Tribal College or University Faculty (for service on or after 08/14/2008).
- \_\_\_ Nurse/Medical Technician providing direct care to patients in health services.
- \_\_\_ Law Enforcement/Corrections Officer.
- \_\_\_ Firefighter (for service on or after 08/14/2008).
- \_\_\_ Attorney in a federal public defender organization or community defender organization (for service on or after 08/14/2008).
- \_\_\_ Provider of early intervention services (under the age of 3).
- \_\_\_ Provider/Supervisor of provision of services exclusively to high-risk children from low-income communities and their families.
- \_\_\_ Volunteer for Peace Corps or AmeriCorps VISTA Program.
- \_\_\_ U.S. Armed Services Active Duty (in areas of hostile fire/imminent danger)

**PARTIAL CANCELLATION**

**YOU MUST HAVE WORKED FULL-TIME FOR 12 CONSECUTIVE MONTHS IN ONE OF THE FOLLOWING FIELDS**

- \_\_\_ Teacher in designated low-income (Title I) school or low-income educational service agency.
- \_\_\_ Teacher of mathematics, science, foreign language, bilingual ed., or other field of expertise determined by state agency as a teacher shortage field.
- \_\_\_ Teacher of Special Education including teacher of infant, toddlers, children or youth with disabilities. Service must be performed in a public or other nonprofit elementary or secondary school system.
- \_\_\_ Staff member in a Head Start Program.
- \_\_\_ Librarian or speech language pathologist in a low-income (Title I) school, master's degree required (for service on or after 08/14/2008).
- \_\_\_ Staff member of a Pre-Kindergarten/Child Care program licensed or regulated by the state (for service on or after 08/14/2008).
- \_\_\_ Tribal College or University Faculty (for service on or after 08/14/2008).
- \_\_\_ Nurse/Medical Technician providing direct care to patients in health services.
- \_\_\_ Law Enforcement/Corrections Officer.
- \_\_\_ Firefighter (for service on or after 08/14/2008).
- \_\_\_ Attorney in a federal public defender organization or community defender organization (for service on or after 08/14/2008).
- \_\_\_ Provider of early intervention services (under the age of 3).
- \_\_\_ Provider/Supervisor of provision of services exclusively to high-risk children from low-income communities and their families.
- \_\_\_ Volunteer for Peace Corps or AmeriCorps VISTA Program.
- \_\_\_ U.S. Armed Services Active Duty (in areas of hostile fire/imminent danger)

**\*PLEASE NOTE: NURSE/MEDICAL TECHNICIANS MUST INCLUDE A COPY OF CURRENT LICENSE/CERTIFICATE IN THE STATE OF EMPLOYMENT\***

SIGNATURE OF BORROWER: \_\_\_\_\_ DATE: \_\_\_\_\_

**I hereby declare that the information provided on this form is accurate to the best of my knowledge and that I have included all required supporting documentation. By signing this form I indicate that I am requesting a deferment/partial cancellation on my Federal Perkins Loan and I acknowledge that I will notify my lender immediately upon any change in my status.**

**PART II: TO BE COMPLETED BY EMPLOYER**

DATE OF HIRE: \_\_\_\_\_ END DATE: \_\_\_\_\_ CHECK BOX IF STILL EMPLOYED:

**\*\* OFFICIAL SEAL/STAMP \*\***

NAME OF ORGANIZATION (TEACHERS: LIST INDIVIDUAL SCHOOL NAME ONLY)

ADDRESS (CITY, STATE, ZIP)

NAME AND TITLE OF AUTHORIZED OFFICIAL (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICIAL

PHONE NUMBER

DATE

**\*\* PLEASE INCLUDE AN OFFICIAL EMPLOYER SEAL/STAMP IN THE BOX ON THE RIGHT. IF NO SEAL/STAMP IS AVAILABLE, PLEASE ATTACH A SIGNED LETTER ON COMPANY LETTERHEAD WITH A BRIEF JOB DESCRIPTION. \*\***

**I hereby declare that the information provided on this form is accurate to the best of my knowledge. By signing this form I indicate that the individual above is/was employed by my organization for the period of time indicated.**

**PLEASE RETURN FORM TO:**

UNISA, Inc.  
PO Box 4385  
Englewood, CO 80155  
customerservice@unisainc.com Fax: 303-221-5606