

**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)

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 FROM EMPLOYER STATING HIRE DATE, EMPLOYMENT STATUS AND 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: 720-255-2028