

This space for servicer's use only

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SECTIONS A-D MUST BE COMPLETED FULLY
BORROWER MUST COMPLETE ALL AREAS OUTLINED IN RED AND/OR IN DASHES
Federal Perkins (NDSL) Student Loan - Request for Deferment
(Use reverse side for cancellation)

Please print-This section must be filled out completely.

Name, Social Security No., Program and Loan Nos. on billing statement, Address, Check if new address, City, State, Zip, Day telephone, Institution that granted this loan(s), Evening telephone

A. Deferment: Check one block for deferment type. (One block must be checked.)

Table with columns: DEFERMENT CONDITION, All loans disbursed on or after 7/1/93, Federal Perkins disbursed on or after 7/1/87 but before 7/1/93, National Direct disbursed on or after 10/1/80 but before 6/30/87, National Direct disbursed before 10/1/80, NOTES

B. Dates deferment requested

Beginning and Ending Mo. Day Yr. Altered dates must be initiated by certifying official

Check if you intend to enroll next semester/quarter

C. Borrower signature

I declare that the information above is true and accurate. I further declare that I will notify my lender or loan servicer immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the term of service for which I have requested deferment benefits, I will begin repayment of my loan, including deferred payments, immediately.

Signature of borrower (required)

Date

Internal Use Only:

Date processed Analyst's initials

Comment

Last 3 digits Program No. SEQ No.

Type, Begin Mo. Year, End Mo. Year, QL

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Type, Begin Mo. Year, End Mo. Year, QL

Type, Begin Mo. Year, End Mo. Year, QL

For Lending Institution use only:

- Request disapproved, Deferment approved, Student status, Military service, Peace Corps, VISTA, Internship/Residency, Dental residency, Volunteer service, U.S. Public Health Service, NOAAC, Parental Leave, Graduate fellowship/rehabilitation training, Working mother, Temporary total disability: spouse, dependent, borrower

Date of status: Beginning Ending

Signature

Date

+ In anticipation of cancellation # For periods beginning 10/07/98 or after

D. Certification of Deferment Period and Status (School, service unit or employer only)

OPE Code Note: We cannot accept a form certified more than 30 days prior to the beginning of your enrollment period.

Name of school/service unit/employer Phone No.

Address PO Box Street

City State Zip

I certify that this student is/was enrolled as at least a half-time or a full-time regular degree-seeking student (defined in 34 CFR 600.2) for the deferment period indicated in Section B, leading to a degree in

Our institution is on the Semester Quarter Trimester Clock Hour system

I certify that this borrower is/was serving in an internship/residency program required for professional practice in the field of

I certify that this borrower is/was in an approved graduate fellowship program

This space is for institutional seal. If not available, provide official letter of certification.

An approved rehabilitation training program for disabled individuals.

SEAL

Signature of Certifying Official (Altered dates must be initialed by Certifying Official.) Date

Title of Certifying Official