



Loan Office
 351 West Center
 Cedar City, UT 84720
 (435) 586-7728
<http://www.suu.edu/ss/loans/index.html>

Federal Perkins/National Direct Student Loan Request for Deferment for Partial Cancellation and Certification of Employer

 Name Social Security Number T number

 Address City State ZIP

 Daytime Phone Number Cell Number Email:

Please complete and return this form to the address listed above. Final responsibility for return of this form in a timely manner rests with the borrower. Late requests for deferment/cancellation are subject to late fees. No deferment/cancellation is possible until this form is returned to SUU Loan Office. Part 1 is to be completed by the borrower; Part 2 must be certified by the employer and a complete job description signed by your supervisor or certified authority must be included. This form is invalid without borrower's signature, correct dates, and official verification and certification.

PART 1: I request deferment pending partial cancellation of my Federal Perkins Loan for the 20____20____ employment year because

	DATES	Month/Day/Year
_____ Employed full-time as an elementary or secondary school teacher at a qualified school. <small>(School must be listed in the Federal Register from the Department of Education.)</small>	From	To
_____ Employed full-time as a special education teacher in an elementary or secondary school.	From	To
_____ Employed full-time as a teacher of math, science, foreign language, or other designated shortage area.	From	To
_____ Employed full-time as a professional provider of early intervention. <small>It must be a public or other nonprofit program under public supervision by a agency as authorized by section 632(5) of the Individuals lead with Disabilities Education Act. Early intervention services are provided to infants and toddlers with disabilities.</small>	From	To
_____ Employed full-time as a law enforcement/corrections officer.	From	To
_____ Employed full-time as a state licensed Registered Nurse or Medical Technician.	From	To
_____ Employed full-time by a child or family service agency: <small>They must be a eligible public or private non-profit child or family servi who is directly providing or supervising the provisions of services to high-risk children who are from low-income communities and the families of such children.</small>	From	To
_____ Employed full-time Attorneys Employed in a Defender Organization	From	TO

____ Employed full-time as a Firefighters
Working for a Local, State or Federal fire department or fire district. _____
From TO

____ Employed full-time as a Tribal College or University Faculty : _____
From To

____ Employed full-time as a Librarian
Librarian who has a master's degree in library science and is employed in an elementary or secondary school that is eligible for assistance under part A of title I of the Elementary and Secondary Education Act of 1965, or who is employed in a public library that serves a geographic area that contains one or more such schools. _____
From To

____ Employed full-time as a Speech-Language Pathologist
Speech-language pathologist who has a master's degree and who is working exclusively with schools that are eligible for assistance under title I of the Elementary and Secondary Education Act of 1965. _____
From TO

____ Employed full-time as Service in an Early Childhood Education Program
Be a member in the educational component of a Head Start program, full-time staff member in a pre-kindergarten or child care program that is licensed or regulated by the State. The program must be operated for a period comparable to a full School year and must pay a salary comparable to an employee of a local educational agency. _____
From To

____ Military Cancellation: You can be entitled to have up to 50 percent of the principal amount of your loan canceled for qualifying service that ended before Aug 14,2008 and up to 100 percent cancelled for qualifying service that began on or after Aug 14,2008;as a member of the Armed Forces of the United States in a area of hostilities that qualifies for special pay under section 310 of Title 37 of the United States Code. _____
From To

____ Volunteer Service Cancellation:
You are entitled to have up to 70 percent of the original principal loan canceled for qualifying service performed after the enrollment period covered by the loan as a volunteer under the Peace Corps Act. Or a volunteer under the Domestic Volunteer Service Act of 1973. _____
From To

I agree to notify the SJU Loan Office immediately upon termination of my present status and request another deferment in writing w
I understand and agree that a deferment can be granted only if I qualify according to Federal guidelines applicable to my loan fund(s);
abide by the terms and conditions outlined in my promissory note.

Signature of Borrower

Date

Part 2: Certification of Employer

I certify the information in stated in Part 1 is true and correct.

- Employed full-time as an elementary or secondary school teacher at a qualified school.
- Employed full-time as a special education teacher in an elementary or secondary school.
- Employed full-time as a teacher of math/science/language or the designated shortage area.
- Employed full-time as a law enforcement/corrections officer.
- Employed full-time as a state licensed Registered Nurse or Medical Technician.
- Employed full-time by a child or family service agency serving low income communities as defined by t Department of Education.
- Employed full-time as a Attorney employed in a Defender Organization.
- Employed full-time as a Firefighter
- Employed full-time at a Tribal College or University Faculty
- Employed full-time as a Librarian who has a master's degree in Library Science
- Employed full-time as a Speech -Language pathologist with a master's degree
- Employed full-time with Service in and Early Childhood Education Program . Head Start
- Military while in a area of hostility being Full-time for each completed year of service
- Volunteer Service Peace Corps Act: or a volunteer under the Domestic Volunteer Service Act of 1973

Employer (School Name and District if applicable)

Address City State ZIP Phone

Signature of Authorized Official Title Date