

REQUEST FOR STUDENT DEFERMENT OF FEDERAL PERKINS LOANS

PART I: TO BE COMPLETED BY BORROWER

NAME OR BORROWER (Last, First, Middle, Maiden)	HOME PHONE	CELL PHONE
	WORK PHONE	EMAIL
ADDRESS (Street, City, State, ZIP Code)		
<input type="checkbox"/> CHECK HERE IF NAME OR ADDRESS IS NEW		
SIGNATURE OF BORROWER X _____ Date _____	Social Security & Student T Number _____	
STUDENT DEFERMENT		
This is to certify that I am/will be: (Check appropriate items)		
<input type="checkbox"/> Pursuing a course of study in an institution of higher education <input type="checkbox"/> In the Peace Corps/Americorps*Vista Volunteer	<input type="checkbox"/> Quarter <input type="checkbox"/> Half Time ≥6 Credits <input type="checkbox"/> Semester <input type="checkbox"/> Graduate Fellowship	FROM (MONTH AND YEAR) _____ FROM (MONTH AND YEAR) _____ No More than 1 year

PART II: CERTIFICATION OF STATUS - TO BE COMPLETED BY THE INSTITUTION OF HIGHER

The person named IS or WAS Enrolled as a Student :	I certify that the information stated in Part I is true and correct.
<input type="checkbox"/> Quarter <input type="checkbox"/> Peace Corps/Vista <input type="checkbox"/> Semester <input type="checkbox"/> Half-time	SIGNATURE OF AUTHORIZED OFFICIAL X _____ Date _____
	TITLE _____ SCHOOL OPE# _____
NAME OF INSTITUTION OF HIGHER EDUCATION, MILITARY ORGANIZATION, PEACE COPRS/VISTA OR CERTIFYING AGENCY X _____	PHONE # _____ ADDRESS (CITY, STATE, ZIP CODE) _____

PART III: COMPLETED BY THE LENDING INSTITUTION (For office use only)

**OFFICIAL SEAL OR
STAMP**

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Date Received: _____	
SIGNATURE OF APPROVING OFFICIAL _____	Processed: _____	By: _____
DATE _____	Letter Mailed: _____	By: _____
	Expaination: _____	

THIS FORM IS INVALID WITHOUT

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|---|---|
| <input type="checkbox"/> SOCIAL SECURITY NUMBER | <input type="checkbox"/> BORROWER'S SIGNATURE |
| <input type="checkbox"/> BEG & END DATES | <input type="checkbox"/> COMPLETE CERTIFICATION |