

EMPLOYMENT DEFERMENT FOR FEDERAL PERKINS LOAN

NAME _____ PHONE _____

ADDRESS _____

Street City State zip
SOCIAL SECURITY NUMBER - - LOAN NUMBER

TO BE COMPLETED BY BORROWER

CHECK TYPE

- TEACHING FULL TIME
- HEADSTART PROGRAM
- LAW ENFORCEMENT
- NURSE/MED TECH
- CHILD/FAMILY SERVICE
- VOLUNTEER SERVICE
- MILITARY
- EARLY INTERVENTION

Job Description/Title

Exact Name of School or Agency

County City State Zip

DEFERMENT DATES FROM _____ TO _____
mo day yr mo day yr

I DO INTEND TO TEACH DURING THE NEXT ACADEMIC YEAR ____/____

I DO NOT INTEND TO TEACH DURING THE NEXT ACADEMIC YEAR.

TO BE COMPLETED BY CERTIFYING OFFICIAL

Name of School/Service Unit or Place of Employment

Address City State Zip

Phone Number Start date of borrower's full-time employment

I CERTIFY THAT THE BORROWER INFORMATION IS CORRECT.

Signature of Official

Title of Certifying Official Date _____

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

SIGNATURE OF BORROWER DATE

REQUEST DISAPPROVED FOR LENDING INSTITUTION USE DEFERMENT APPROVED DATES _____ TO _____

SIGNATURE OF APPROVING OFFICIAL

TITLE DATE