

# FEDERAL PERKINS, NDSL, NSL, HPSSL, & LDS

# Request for Deferment

**PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)**

www.acs-education.com

Name:	Social Security #:	16 Digit Account Number(s):
Street Address:	Birthdate:	
City:	State:	Zip Code:
<b>PLEASE CHECK THIS BOX IF NEW ADDRESS</b>		
Home Phone #:	Work Phone #:	Driver's License # and State:
Lending Institution:	Date Left Lending Institution:	E-mail Address:

**DEFERMENT**

BEGINNING (mm/dd/yy):	ENDING (mm/dd/yy):
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This is to certify that I am or was (check one only):

Altered dates will not be accepted

**(Please refer to your promissory note for specific eligibility requirements.)**

FEDERAL PERKINS, PERKINS OR NDSL

- at least a half-time student.
- in a Graduate Fellowship Study
- enrolled in a Rehabilitation Training Program
- pre-cancellation services. Type: \_\_\_\_\_
- a member of the US Armed Forces on active duty

- serving an internship or residency.

**Type of program:** \_\_\_\_\_

- a Peace Corps, VISTA or ACTION volunteer
- a full-time volunteer in a tax-exempt organization
- active duty member of the US Armed Forces, Reserves, or National Guard in a war, military operation, or National Emergency (loans on or after July 1, 2001 only)

- in the National Oceanic/Atmospheric Administration
- a mother entering the workforce
- an officer in the US Public Health Service
- unable to work or attend school due to parental leave

**NOTE: IF YOU OR YOUR SPOUSE IS TEMPORARILY TOTALLY DISABLED, YOU ARE SUPPORTING A DISABLED DEPENDENT, OR YOU ARE IN NEED OF A DEFERMENT/FORBEARANCE FOR FINANCIAL OR UNEMPLOYMENT REASONS, PLEASE CONTACT ACS AT THE ADDRESS LISTED BELOW TO OBTAIN FURTHER INFORMATION.**

HEALTH PROFESSIONS STUDENT LOANS, & LDS

- pursuing a full-time course of study towards a degree in health professions at any school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry, or veterinary medicine
- receiving full-time advanced professional training in the field for which the loan was received
- an officer in the US Public Health Service Commissioned Corps.

- serving an internship or residency required prior to professional practice. **Type of program:** \_\_\_\_\_
- a Peace Corps volunteer
- on full-time active duty in a uniformed service.
- Branch of service:** \_\_\_\_\_
- participating in a fellowship training program. (for loans made after 10/22/85 only)

NURSING STUDENT LOANS

- in a nursing program  half-time  full-time leading to
  - baccalaureate  equivalent  graduate  RN
  - associate degree
- on full-time active duty in a uniformed service.
- Branch of service:** \_\_\_\_\_
- a Peace Corps volunteer.
- advanced professional training.

**THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE, ACCOUNT NUMBER, BEGINNING AND ENDING DATES, AND COMPLETE CERTIFICATION. I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO NOTIFY THE LENDING INSTITUTION IMMEDIATELY UPON TERMINATION OF MY CLAIMED STATUS.**

**X**

Borrower's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PART II – TO BE COMPLETED BY CERTIFYING OFFICIAL OR REGISTRAR (NOTARY PUBLIC CERTIFICATION NOT ACCEPTABLE)**

I certify that the information stated above is correct.

**X**

Signature of Authorizing Official \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

OPEID# \_\_\_\_\_

Name and Address of Authorizing Organization \_\_\_\_\_

**STATUS:**

- Full-time
- At least half-time
- Less than half-time

Deferment Dates: (MM/DD/YY)

FROM:
TO:

Official Stamp or Seal

If no stamp or seal is available, please provide letterhead certification.

PHONE NUMBER:(     ) \_\_\_\_\_

**RETURN FORM TO:**

**ACS INC. – EDUCATION SERVICES  
CAMPUS PRODUCTS AND SERVICES  
P.O. BOX 7060 • UTICA, NY 13504-7060**

**PART III – FOR OFFICE USE ONLY**

Approved     Disapproved    Reason: \_\_\_\_\_

Inst & Dash #	Def Type	Dates of Def	Int Rev	NPD	Past Due Amt	Period Due	Pre-Canc/Def End Date

**PROCESSED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_