

**REQUEST FOR DEFERMENT OR PARTIAL CANCELLATION OF LOAN
Perkins Student Loan Program**

Please return the completed request to: Louisiana Tech University, Perkins Loan Dept., P O Box 7924, Ruston, LA 71272

PART 1 – TO BE COMPLETED BY THE BORROWER (Please print legibly)

Name of Borrower: _____ SSN: _____

Address: _____

Phone No: (Home) _____ (Work) _____ E-Mail: _____

SECTION A – DEFERMENT This is to certify that I am (check appropriate item)

- | | |
|---|---|
| <input type="checkbox"/> At least a half-time student | <input type="checkbox"/> Internship/Residency |
| <input type="checkbox"/> Active Duty in Armed Forces | <input type="checkbox"/> Peace Corps, Americorp*VISTA |
| <input type="checkbox"/> Temporarily Disabled | |

Beginning (mm/dd/yy) _____ **Ending (mm/dd/yy)** _____

SECTION B – CANCELLATION

I. I declare that I _____ will be _____ was employed full-time for a complete year, or academic year, for the period below:

Beginning _____ Ending _____

Do you plan to continue this full-time employment for the next year? yes no

I hereby request deferment/cancellation of my loan payments based on full-time employment as: (please attach a copy of your official job description and a copy of your medical license/certification/registration if applicable to your job)

- | | |
|---|--|
| <input type="checkbox"/> Public School Teacher | <input type="checkbox"/> Headstart |
| <input type="checkbox"/> Nurse/Med Tech/Allied Health | <input type="checkbox"/> Law Enforcement Officer |
| <input type="checkbox"/> Family Service Agency (ONLY with high risk children from low income communities) | |
| <input type="checkbox"/> Early Intervention (for ages 0-2 years only) | <input type="checkbox"/> Peace Corps/Americorp*VISTA |
| <input type="checkbox"/> Military Combat (for at least one year in an area of hostility/imminent danger) | |

Signature of Borrower _____ **Date** _____

PART II – TO BE COMPLETED BY CERTIFYING OFFICIAL (School official, employer, etc.)

I certify that the information stated in Part I above is true and correct. The person named above IS or WAS (indicate one)

- | | |
|---|---|
| <input type="checkbox"/> Enrolled as at least a half-time student | <input type="checkbox"/> Armed Forces |
| <input type="checkbox"/> Full-time Teacher | <input type="checkbox"/> Temporarily Disabled |
| <input type="checkbox"/> In Peace Corps Volunteer Service | <input type="checkbox"/> In an Internship Residency |
| <input type="checkbox"/> Law Enforcement Corrections Officer | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nurse/Med Tech/ Allied Health | |

Name of University or Employer: _____ Phone No: _____

Address: _____

Signature of Authorized Official Title Date

Official Seal/Stamp

PART III - TO BE COMPLETED BY LOUISIANA TECH UNIVERSITY

Approved Disapproved Type of Cancellation _____

Deferment Period: _____ Payments Deferred To: _____
Next Payment Date: _____ Past Due Amount: _____

Principal Cancelled: _____
Principal Balance: _____

University Official Title Date