FEDERAL PERKINS, NDSL, NSL, HPSL, & LDS

Request for Deferment

www.acs-education.com

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

Name:	Social Security #:	16 Digit Account Number(s):
Street Address:	Birthdate:	
City:	State: Zip Code:	
☞ ☞ ☞ ☞ **PLEASE CHECK THIS BOX IF NEW ADDRESS**		
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):

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 ❑ R N ❑ 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:

DPS-W-10-26-06