

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:
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):
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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

- | | | |
|---|--|--|
| <input type="checkbox"/> at least a half-time student.
<input type="checkbox"/> in a Graduate Fellowship Study
<input type="checkbox"/> enrolled in a Rehabilitation Training Program
<input type="checkbox"/> pre-cancellation services. Type: _____
<input type="checkbox"/> a member of the US Armed Forces on active duty | <input type="checkbox"/> serving an internship or residency.
Type of program: _____
<input type="checkbox"/> a Peace Corps, VISTA or ACTION volunteer
<input type="checkbox"/> a full-time volunteer in a tax-exempt organization
<input type="checkbox"/> 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) | <input type="checkbox"/> in the National Oceanic/Atmospheric Administration
<input type="checkbox"/> a mother entering the workforce
<input type="checkbox"/> an officer in the US Public Health Service
<input type="checkbox"/> 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

- | | |
|---|---|
| <input type="checkbox"/> 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
<input type="checkbox"/> receiving full-time advanced professional training in the field for which the loan was received
<input type="checkbox"/> an officer in the US Public Health Service Commissioned Corps. | <input type="checkbox"/> serving an internship or residency required prior to professional practice. Type of program: _____
<input type="checkbox"/> a Peace Corps volunteer
<input type="checkbox"/> on full-time active duty in a uniformed service.
Branch of service: _____
<input type="checkbox"/> participating in a fellowship training program. (for loans made after 10/22/85 only) |
|---|---|

NURSING STUDENT LOANS

- | | |
|--|--|
| <input type="checkbox"/> in a nursing program <input type="checkbox"/> half-time <input type="checkbox"/> full-time leading to
<input type="checkbox"/> baccalaureate <input type="checkbox"/> equivalent <input type="checkbox"/> graduate <input type="checkbox"/> RN
<input type="checkbox"/> associate degree
<input type="checkbox"/> on full-time active duty in a uniformed service. | Branch of service: _____
<input type="checkbox"/> a Peace Corps volunteer.
<input type="checkbox"/> 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
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PROCESSED BY: _____

TITLE: _____

DATE: _____