

# FEDERAL PERKINS, NDSL, NSL, HPSL, & 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  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
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**PROCESSED BY:** \_\_\_\_\_

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

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