REQUEST FOR DEFERMENT - FEDERAL PERKINS LOAN, NURSING STUDENT LOAN, HEALTH PROFESSIONS STUDENT LOAN, LOANS FOR DISADVANTAGED STUDENTS

www.acs-education.com

(Please complete in ink)

Name	Lending Institution	16 digit Account Number
Address		
Home phone: ( ) Work Phone: ( ) Cell Phone: ( )	Dates Requested (mm/dd/yy): Begin Date: _____ End Date: _____	Return Form to: ACS Education Services Campus Products and Services P.O. Box 7060 Utica, NY 13504-7060
Email:		
Driver's License #/State	Birthdate:	

You may qualify for one of the following deferment benefits, even if they are not specifically listed in your original promissory note. Please visit our website for further information or clarification: www.acs-education.com

Perkins Deferment Conditions:

- ☐ At least half-time student
- ☐ Enrolled in a Rehabilitation Training Program
- ☐ Graduate Fellowship
- ☐ Unemployment
- ☐ Military Service (combat)
  Branch of Service:_____
- ☐ Military Operations
- ☐ Military Demobilization
- ☐ Performing Service eligible for Cancellation
- ☐ Other: _____ (Only for loans received prior to July 1, 1993)

Name of School or Employing Agency

_____

_____

City State Zip

Health Professions Deferment Conditions:

- ☐ Pursuing a full-time course of study toward a degree in health professions
- ☐ Internship/Residency prior to professional practice
  Program: _____
- ☐ Fellowship Training Program
- ☐ Advanced Professional Training
- ☐ Peace Corps Volunteer
- ☐ Officer in the US Public Health Services Commissioned Corps
- ☐ Military Service (active duty):
  Branch of Service _____

Nursing Deferment Conditions:

- ☐ At least half-time in a Nursing Program
- ☐ Advanced Professional Training
- ☐ Peace Corp/Volunteer
- ☐ Military Service (active duty):
  Branch of Service _____

I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon any change in my status. If I am unable to complete the year for which I have applied for deferment, I will begin loan repayment immediately.

Borrower Signature: _____ **Date:** _____

CERTIFICATION of DEFERMENT STATUS

Name of School/Unit/Employer: _____
Address: _____
_____
_____
Phone: (**)**_____

❒ **I certify that the information stated above is correct.**

Status : ____ **Full Time**
____ **At least Half-Time**
____ **Less than Half-Time**

OPEID# _____

Dates - From:_____ **To:**_____

Signature of Certifying Official: _____

Title of Certifying Official: _____

Date: _____

Official Stamp or Seal

(If no stamp or seal is available, please provide supporting documentation on official letterhead)

INTERNAL USE ONLY:

❒ Deferment Approved/Processed

Date Processed: _____

Processor: _____

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