

**FEDERAL PERKINS, NDSL, NSL, HPSL, PCL and LDS**

**REQUEST FOR DEFERMENT**

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

www.ecsi.net

Name:		Last 4 digits of SSN :	
Street Address:		Birth date:	
City:	State:	Zip Code:	
<input type="checkbox"/> <b>PLEASE CHECK THIS BOX IF NEW ADDRESS</b>			
Home Phone #:		Cell Phone #:	Driver's License # and State:
Date Left Lending Institution:		E-mail Address:	
BEGINNING (mm/dd/yy)		ENDING (mm/dd/yy)	

Altered dates will not be accepted

**Please refer to your promissory note for eligibility requirements.**

This is to certify that I am or was (check one only):

**FEDERAL PERKINS, NDSL**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> at least a half time student                  | <input type="checkbox"/> military operations                           | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> in a Graduate Fellowship Study                | <input type="checkbox"/> military – pre-activation/post demobilization | “Other” - only for loans received prior to July 1, 1993. Please refer to your promissory note |
| <input type="checkbox"/> enrolled in a Rehabilitation Training Program | <input type="checkbox"/> pre-cancellation service                      |   |
- Type of cancellation: \_\_\_\_\_ Loan Type: \_\_\_\_\_

**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 VISIT THE ECSI WEBSITE AT [www.ecsi.net](http://www.ecsi.net) FOR MORE INFORMATION OR TO DOWNLOAD THE APPROPRIATE FORM.**

**HEALTH PROFESSIONS STUDENT LOANS, LDS and PCL**

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

**NURSING STUDENT LOANS**

- In a nursing program (check all that apply)  Half Time  Full Time leading to:  Baccalaureate  Equivalent  Graduate  RN  Associate degree
- Full time active duty in a uniformed service  Peace Corps Volunteer
- Branch of service: \_\_\_\_\_  Advanced Professional Training

**THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE, LAST 4 DIGITS OF YOUR SOCIAL SECURITY 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
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**PART II – TO BE COMPLETED BY CERTIFYING OFFICIAL (NOT VALID WITHOUT OFFICIAL SEAL OR STAMP)**

I certify that the information stated above is correct.

X

Signature of Authorizing Official	Title	Date	OPEID #
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Deferment Dates: (MM/DD/YY)

(PLACE STAMP OR SEAL BELOW)

**STATUS:**

- Full-Time  
At least half-time  
Less than half-time

FROM:
TO:

<b>RETURN FORMS TO:</b>	<b>ECSI Educational Computer Systems, Inc.</b> 181 Montour Run Road Coraopolis, PA 15108
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**PART III – FOR OFFICE USE ONLY**

- Approved  Disapproved Reason: \_\_\_\_\_

Inst & Dash #	Def Type	Dates of Def	Int Rev	NPD	Past Due Amt	Period Due
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**PROCESSED BY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_