

Federal Perkins (NDSL)
Request for Deferment and Partial Cancellation of Loan

Name: _____ Social Security No. _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

X _____
 (Signature) (Date)

Types of Deferments (Mo/Yr)	Loans Disbursed	From (Mo/Yr)	To
Student (at least time)	All		
Military	Before 7/93		
Full-time Volunteer	10/80 thru 6/93		
US Public Health Service	10/80 thru 6/93		
National Oceanic & Atmospher	7/87 thru 6/93		
Internship/Residency	10/80 thru 6/93		
Internship/Dentistry	After 7/93		
Pregnancy/Care of Newborn	7/87 thur 6/93		
Mother of Preschooler	7/87 thru 6/93		
Graduate Fellowship Study	After 7/93		
Rehabilitation Training	After 7/93		

A) Types of Deferment/Cancellations (X)

Teacher - Low Income School	<input type="checkbox"/>
Teacher- Special Ed/Handicapped	<input type="checkbox"/>
Teacher- Head Start	<input type="checkbox"/>
Teacher- Shortage Area	<input type="checkbox"/>
Peace Corps or Vista	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>
Nurse or Medical Tech	<input type="checkbox"/>
Provider of Early Intervention	<input type="checkbox"/>
Services to High Risk Children	<input type="checkbox"/>

B) _____
 Legal Name of School or Employer

 County School District

 City State Zip

C) Employment or Enlistment (Must = One Year)

1) Deferment - From _____ To _____
 (Mo/Yr) (Mo/Yr)
 2) Cancellation - From _____ To _____
 (Mo/Yr) (Mo/Yr)

I waive any unexpired portion of my original grace period, so that I may be eligible to defer/cancel my loan.

X _____
 Signature

D) Job Title/ Description

Verification of Employment or Enrollment Period
 (Invalid if Not Completed)

 Name of School, Place of Employment or Service Unit

 Address Phone No.

 City State Zip

X _____
 Signature/Title of Certifying Official Date

Affix an Official Stamp or Seal
 (Invalid without official stamp or seal. If no stamp or seal available include info. on letterhead.)