

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 Numbers: | |
| Street Address: | | | Birthdate: | | |
| City: | | State: | | Zip Code: | |
| PLEASE CHECK THIS BOX IF NEW ADDRESS | | | | | |
| Home Phone #: | | Work Phone #: | | Cell Phone #: | |
| Lending Institution: | | | | Date Left Lending Institution: | |
| | | | | Driver's License # and State: | |
| | | | | 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 OR NATIONAL DIRECT LOANS

- | | | |
|--|--|--|
| <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 for specific eligibility requirements. |
| <input type="checkbox"/> enrolled in a Rehabilitation Training Program | <input type="checkbox"/> pre-cancellation service | |
- Type of cancellation: _____

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 ACS WEBSITE AT www.acs-education.com FOR MORE INFORMATION OR TO DOWNLOAD THE APPROPRIATE FORM.

HEALTH PROFESSIONS STUDENT LOANS & LDS

- | | |
|--|--|
| <input type="checkbox"/> Full time active duty in a uniformed service Branch of service: _____ | <input type="checkbox"/> Full time advanced professional training in the field for which the loan was received. |
| <input type="checkbox"/> Peace Corps volunteer | <input type="checkbox"/> Serving an internship or residency required prior to professional practice. 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

- | | | | | | | | |
|---|---|---|--|-------------------------------------|-----------------------------------|-----------------------------|---|
| <input type="checkbox"/> In a nursing program (check all that apply) | <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"/> Full time active duty in a uniformed service Branch of service: _____ | <input type="checkbox"/> 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 (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: | | | Official Stamp or Seal If no stamp or seal is available, please provide eligibility certification on official letterhead. |
| STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> At least half-time <input type="checkbox"/> Less than half-time | | | |
| Deferment Dates: (MM/DD/YY) FROM: _____ TO: _____ | | | |
| PHONE NUMBER: () _____ | | | |

RETURN FORMS TO:

**ACS INC – EDUCATION SERVICES
CAMPUS PRODUCTS AND SERVICES
PO BOX 7060
UTICA, NY 13504-7060**

PART III – FOR OFFICE USE ONLY

| | | | | | | | |
|-----------------------------------|--------------------------------------|---------------|---------|-----|--------------|------------|-----------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Reason: _____ | | | | | |
| Inst & Dash # | Def Type | Dates of Def | Int Rev | NPD | Past Due Amt | Period Due | Pre-Canc/Def End Date |
| | | | | | | | |
| | | | | | | | |

PROCESSED BY:

REV-04-29-08

TITLE:

DATE: