

Perkins Loan Deferment/Postponement/Cancellation Form

1. Complete the sections that apply to your situation.
2. Have the form certified by the proper authority (school's registrar, commanding officer, board of education, etc.)
3. The certifying authority should return the form to:

John Carroll University – Perkins Loan Office
20700 North Park Boulevard
University Heights OH 44118

PLEASE CHECK ONE OF THE FOLLOWING: ✓

1. THIS IS TO CERTIFY THAT I AM EMPLOYED FULL TIME AS A —

- TEACHER IN A SCHOOL LISTED IN THE FEDERAL REGISTER
- STAFF MEMBER PERFORMING QUALIFIED SERVICE UNDER THE HEADSTART ACT
- TEACHER OF MATH, SCIENCE, FOREIGN LANGUAGES, BILINGUAL EDUCATION
- TEACHER OF HANDICAPPED CHILDREN AS INDICATED IN YOUR PROMISSORY NOTE
- NURSE/MEDICAL TECHNICIAN PROVIDING HEALTH CARE SERVICE TO HIGH-RISK CHILDREN WHO ARE FROM LOW-INCOME COMMUNITIES AND FAMILIES OF SUCH CHILDREN
- LAW ENFORCEMENT OR CORRECTIONS OFFICER FOR AN ELIGIBLE LOCAL, STATE, OR FEDERAL AGENCY

2. I MAY DEFER MAKING PAYMENT FOR ANY PERIOD THAT I AM —

- A FULL TIME STUDENT — (PERKINS, NSL, HP LOANS) OR AT LEAST HALF-TIME STUDENT — (PERKINS)
- ON ACTIVE DUTY AS A MEMBER OF A UNIFORMED SERVICE OF THE U.S.
- A VOLUNTEER IN THE PEACE CORPS OR DOMESTIC VOLUNTEER ACT TO 1973
- PURSUING ADVANCED PROFESSIONAL TRAINING, INCLUDING INTERNSHIP AND RESIDENCY

3. I AM ELIGIBLE FOR DEFERMENT OR CANCELLATION TYPE _____
NOT LISTED ABOVE. SEND FORMS A.S.A.P.

4. PLEASE COMPLETE ALL OF THE FOLLOWING THAT APPLIES

POSTPONEMENT (THIS or NEXT Year)—FROM DATE _____ TO DATE _____

CANCELLATION (for PREVIOUS Year)—FROM DATE _____ TO DATE _____

DEFERMENT Certification Period —FROM DATE _____ TO DATE _____

5. BORROWER'S SIGNATURE MUST BE SIGNED S.S. NO. _____

I DECLARE THAT THE INFORMATION ABOVE IS TRUE AND CORRECT.
I FURTHER DECLARE THAT I WILL NOTIFY MY LENDER OR EDUCATIONAL
COMPUTER SYSTEMS, INC. IMMEDIATELY UPON ANY CHANGE IN MY STATUS.

Signature of Borrower _____ Date _____

6. SIGNATURE REQUIRED * INVALID WITHOUT OFFICIAL SEAL OR STAMP *

I CERTIFY that the information above is true and correct.

Employed by school, employer: _____ (Not District)

Enrolled in school, name: _____ (Not District)

ADDRESS _____ COUNTY _____

CITY/STATE _____ ZIP CODE _____

Description of Exact Duties (Attach Sheet if necessary)

Signature of Authorized Official _____

Title and Date _____