FEDERAL PERKINS LOAN PROGRAM - DEFERMENT REQUEST

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. section 1097.

SECTION 1: BORROWER IDENTIFICATION

NAME ________________________________ LSU ID ________________________________

STREET ADDRESS ________________________________ TELEPHONE NUMBER ________________________________

CITY STATE ZIP ________________________________ EMAIL ADDRESS ________________________________

DEFERMENT PERIOD REQUESTED: FROM ___________ TO ___________

MM/DD/YYYY MM/DD/YYYY

Eligibility varies for each deferment category depending on the type of loan you have and other specific requirements. I meet the qualifications for the deferment checked below and request that my loan holder defer repayment of my loan(s):

[ ] Enrolled at least half time at an eligible postsecondary school;
[ ] Enrolled in a full-time course of study in a graduate fellowship program;
[ ] Enrolled in an approved full-time rehabilitation program for individuals with disabilities;
[ ] Serving on active duty during a war or other military operation or national emergency and, if you were serving on or after Oct. 1, 2007, for an additional 180-day period following the demobilization date for your qualifying service;
[ ] Performing qualifying National Guard duty during a war or other military operation or national emergency and, if you were serving on or after Oct. 1, 2007, for an additional 180-day period following the demobilization date for your qualifying service;
[ ] Are a member of the National Guard or other reserve component of the U.S. armed forces (current or retired) and you are called or ordered to active duty while you are enrolled (or within six months of having been enrolled) at least half time at an eligible school.

I claim exemption from payment of the principal on my Federal Perkins Loan(s) during the period indicated above. I agree to notify the LSU Perkins Loan Collections office immediately upon change of my claimed status. I further agree to provide documentation as required to support my continued deferment status. I declare that information shown above is true and correct.

SIGNATURE OF BORROWER ________________________________ DATE ________________________________

(SECTION 2, on the back of this form, must be completed prior to submitting.)
SECTION 2: AUTHORIZED OFFICIAL’S CERTIFICATION - TO BE COMPLETED AND RETURNED BY ORGANIZATION, SCHOOL, OFFICIAL, OR AGENCY

NOTE: As an alternative to completing this section, the school may attach its own enrollment certification report listing the required information.

I certify that the information stated in SECTION 1 is true and correct. The person named is in the following status: (check the appropriate item) The inclusive dates for which I am certifying this borrower’s status are:

FROM _______________ TO _______________

_______ Enrolled at least half time at an eligible postsecondary school;
_______ Enrolled in a full-time course of study in a graduate fellowship program;
_______ Enrolled in an approved full-time rehabilitation program for individuals with disabilities;
_______ Serving on active duty during a war or other military operation or national emergency and, if you were serving on or after Oct. 1, 2007, for an additional 180-day period following the demobilization date for your qualifying service;
_______ Performing qualifying National Guard duty during a war or other military operation or national emergency and, if you were serving on or after Oct. 1, 2007, for an additional 180-day period following the demobilization date for your qualifying service;
_______ Are a member of the National Guard or other reserve component of the U.S. armed forces (current or retired) and you are called or ordered to active duty while you are enrolled (or within six months of having been enrolled) at least half time at an eligible school.

SIGNATURE OF CERTIFYING OFFICIAL

PRINTED NAME AND TITLE

NAME OF ORGANIZATION

STREET ADDRESS

CITY ___________ STATE ______ ZIP CODE

AREA CODE/TELEPHONE NUMBER

SECTION 3 - FOR LSU USE ONLY

_______ Approved Inclusive dates of approval: FROM _______________ TO _______________

_______ Disapproved

REVIEWED BY

DATE

OFFICIAL SEAL OR STAMP REQUIRED