



Finance & Administrative Services
Office of Accounting Services
Perkins Loan Collections

FEDERAL PERKINS LOAN PROGRAM -- DEFERMENT FORM

Warning: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to a fine of no more than \$10,000 or imprisonment for not more than five years or both, under the provision of Sec 20 U.S.C. 1097

REQUEST FOR DEFERMENT OF REPAYMENT
SECTION 1 - TO BE COMPLETED BY THE BORROWER

NAME LSU ID

STREET ADDRESS TELEPHONE NUMBER

CITY STATE ZIP CODE

DEFERMENT PERIOD REQUESTED: FROM MM/DD/YYYY TO MM/DD/YYYY

Eligibility varies for each deferment category depending on the type of loan you have and other specific requirements. I certify that I am eligible for deferment of repayment because I am in the following status: (check the appropriate item)

- Enrolled at least half time as a regular student in an eligible institution of higher education for the purpose of obtaining a degree or certificate
Serving in an eligible internship or residency program.
Enrolled in a graduate fellowship program.
Enrolled in a Rehabilitation Training Program.
On active duty in the U.S. Army, Navy, Air Force, Marines, or Coast Guard.
Temporarily totally disabled. (Please note that Section 2 must also be completed)

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 - FOR TEMPORARY TOTAL DISABILITY ONLY
TO BE COMPLETED AND RETURNED BY BORROWER'S PHYSICIAN

Nature of illness or injury

Date temporary total disability began

Anticipated date of recovery

I certify that, in my best professional judgement, my above referenced patient is temporarily totally disabled as a result of illness or injury and is unable either to attend school or be gainfully employed. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

SIGNATURE OF PHYSICIAN DATE

PRINTED NAME AREA CODE/TELEPHONE NUMBER

STREET ADDRESS CITY STATE ZIP CODE

CERTIFICATION OF STATUS

SECTION 3 - TO BE COMPLETED AND RETURNED BY ORGANIZATION, SCHOOL, OFFICIAL, OR AGENCY

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 MM/DD/YYYY TO MM/DD/YYYY

- Enrolled at least half time as a regular student in an eligible institution of higher education for the purpose of obtaining a degree or certificate
Has been accepted in an internship or residency program. A bachelor's degree must be attained in order to be admitted in the program. The internship or residency program leads to a degree or certificate awarded by an institution of higher education, a hospital, or health care facility offering postgraduate training.
Is pursuing a course of study in an approved graduate fellowship program.
Is pursuing a course of study in an approved rehabilitation training program for disabled individuals.
On active duty in the U.S. Army, Navy, Air Force, Marines, or Coast Guard.

SIGNATURE OF CERTIFYING OFFICIAL

DATE

PRINTED NAME AND TITLE

OFFICIAL SEAL OR STAMP REQUIRED

NAME OF ORGANIZATION

STREET ADDRESS

CITY STATE ZIP CODE

AREA CODE/TELEPHONE NUMBER

SECTION 4 - FOR LSU USE ONLY

Approved Inclusive dates of approval: FROM MM/DD/YYYY TO MM/DD/YYYY

Disapproved

REVIEWED BY

DATE