



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 a (check the appropriate item)

- Head Start Teacher/Pre-Kindergarten/Child Care
Early Intervention Service Provider
Teacher at a school with a high concentration of low-income students
Teacher of the Handicapped
Special Education Teacher
Teacher in a Shortage Field
Subject Matter
Grade Level
Faculty at a Tribal College or University
Speech Language Pathologist with master's degree working exclusively with Title I eligible schools. Attach job description and official transcript.
Nurse/Medical Technician
Family Service Agency Employee
Job Title
Attach official job description.
Peace Corps Volunteer
VISTA Volunteer
Member of Armed Forces--Hostile Area
Law Enforcement/Corrections Officer
Job Title
Attach official job description.
Firefighter
Librarian with masters in Library Science employed at Title I funded school or public library serving low income area. Attach official transcript.

I declare that the information shown above is true and correct and that I will immediately notify the LSU Perkins Loan office upon any change in my status. I further understand that if, for any reason, I am not eligible for the requested cancellation or the appropriate forms are not submitted in a timely manner, payment of both principal and interest for the elapsed months will become immediately due and payable.

SIGNATURE OF BORROWER \_\_\_\_\_ DATE \_\_\_\_\_

SECTION 2 - FOR LSU USE ONLY

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

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

CERTIFICATION OF STATUS  
SECTION 3 - TO BE COMPLETED BY ORGANIZATION, SCHOOL, OFFICIAL, OR AGENCY

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

FROM \_\_\_\_\_ TO \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

- \_\_\_\_\_ full time teacher at \_\_\_\_\_ (name of school) which is listed by the U.S. Dept of Education as having a high concentration of low-income students. The teacher at the aforementioned school may be employed by an educational service agency and the school or location may be one that is operated by an educational service agency.
- \_\_\_\_\_ full time teacher of handicapped children in a public or non-profit elementary or secondary school system. The majority of the students whom the borrower teaches are handicapped children.
- \_\_\_\_\_ full time staff member in a Head Start program. This program operates for a complete academic year and the borrower's salary does not exceed the salary of a comparable employee working in the local educational agency of the area served by the Head Start program. Also, full time staff members in a pre-kindergarten or childcare program that is licensed or regulated by the state.
- \_\_\_\_\_ full time special education teacher, including teachers of infants, toddlers, children or youth with disabilities in a public or other non-profit elementary or secondary school system.
- \_\_\_\_\_ full time qualified professional provider of early intervention services in a public or other non-profit program under public supervision.
- \_\_\_\_\_ full time teacher of mathematics, science, foreign languages, bilingual education, or any other field of expertise that is determined by the state education agency to have a shortage of qualified teachers. Specify subject matter and grade level teaching \_\_\_\_\_.
- \_\_\_\_\_ full time nurse or medical technician. Official job title: \_\_\_\_\_  
Include job description.
- \_\_\_\_\_ full time employee of a public or private non-profit child or family service agency who is providing or supervising provision of services to high risk children and their families from low income communities.
- \_\_\_\_\_ full time Peace Corps or VISTA volunteer.
- \_\_\_\_\_ full time Law enforcement or corrections officer for an eligible agency that is a publicly funded unit, whose principal activities pertain to crime prevention, control or reduction or the enforcement of the criminal law. This includes, but is not limited to police efforts to prevent, control, or reduce crime or to apprehend criminals; activities of courts having criminal jurisdiction and related agencies; activities of corrections, probation or parole authorities; and problems relating to prevention, control or reduction of juvenile delinquency or narcotic addiction. The borrower must be a sworn officer or person whose principal responsibilities are unique to the criminal justice system and are essential in the performance of the agency's primary mission.
- \_\_\_\_\_ full time service in the U.S. Armed Forces in an area of hostilities that qualifies for special pay under Section 310 of Title 37 of the U.S. Code.
- \_\_\_\_\_ full time speech-language pathologist with a master's degree who is working exclusively with Title I eligible schools.
- \_\_\_\_\_ librarian with a master's degree in Library Science who is employed in an elementary or secondary school that qualifies for Title I funding, or in a public library that serves a geographic area that includes one or more Title I schools.
- \_\_\_\_\_ full time faculty member at a Tribal College or University.
- \_\_\_\_\_ full time firefighter with a local, State or Federal fire department or fire district.

\_\_\_\_\_  
SIGNATURE OF CERTIFYING OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME AND TITLE

OFFICIAL SEAL OR STAMP REQUIRED

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE