



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 _____ TO _____

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
Peace Corps volunteer.
VISTA volunteer.
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 _____ TO _____
MM/DD/YYYY 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
- _____ A Peace Corps volunteer.
- _____ VISTA volunteer.
- _____ 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 _____ TO _____
MM/DD/YYYY MM/DD/YYYY

_____ Disapproved

REVIEWED BY _____

DATE _____