



**FEDERAL PERKINS LOAN PROGRAM
DEFERMENT / CANCELLATION REQUEST FOR:
QUALIFYING TEACHING & LIBRARIAN SERVICES**

First Name: _____	Last Name: _____
SID: _____	Last 4 Digits of SSN: _____
Current Mailing Address: _____	Phone #: _____
City, State, ZIP: _____	Email*: _____
Lending Institution: _____	<i>* You will be contacted at this email address if form is incomplete or if additional information is needed.</i>

To be completed by applicant

I declare I am/was employed **FULL TIME** as:

_____ A teacher in a federally designated low-income school or educational services agency. (must state schools name not district)

_____ A special education teacher of disabled children.

_____ A teacher in a shortage field. I am teaching as a _____

_____ A librarian with a master's degree in library science employed in a low-income school or public library serving low-income schools.

_____ A faculty member at a Tribal college or university.

I am requesting:

_____ **Deferment** from ___/___/___ to ___/___/___ as I anticipate completing one full year of service

_____ **Cancellation** from ___/___/___ to ___/___/___ as I have completed one full year of service

(Employment Dates Must Equal One Year)

Start Date of Employment: (mmddyy) _____ : Are You Still Employed? Yes ___ No ___ : End Date of Employment _____

Declaration: I declare all information provided in this request to be accurate and true. I will notify ECSI and/or my lending institution immediately of any change in my employment status and begin payment if required.

Signature of Borrower:

Signature Date

To be completed by employer
By signing below, I certify that the above information is true and correct.

Name & Rank of Authorized Official:	_____
Signature & Date of Authorized Official (stamp unacceptable)	_____
Telephone #:	_____
Address: City/State/Zip Code:	_____
Schools Name: example: Elem/Jr./High	_____

This form **will not be returned to borrower if incomplete – please check your account status online to see if your request has been approved.*

**If employer stamp or seal not available, please attach letterhead certification:
A letter written on employer letterhead by the employer verifying full-time dates
Of employment & job description*

**Place Official Seal or Stamp Here
(Notary seal not acceptable)**

Mail Form to: ECSI 181 Montour Run Road Coraopolis, PA 15108