

PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)

Name:	Social Security #:	15 Digit Account Number(s):
Street Address:	Birthdate:	
City:	State:	Zip Code:
PLEASE CHECK THIS BOX IF NEW ADDRESS		
Home Phone #:	Work Phone #:	Driver's License # and State:
Lending Institution:	Date Left Lending Institution:	E-mail Address:

DEFERMENT

BEGINNING (mm/dd/yy):	ENDING (mm/dd/yy):
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This is to certify that I am or was (check one only):

Altered dates will not be accepted

(Please refer to your promissory note for specific eligibility requirements.)

FEDERAL PERKINS, PERKINS OR NDSL

- at least a half-time student.
- in a Graduate Fellowship Study
- enrolled in a Rehabilitation Training Program
- pre-cancellation services. Type: _____
- a member of the US Armed Forces on active duty

- serving an internship or residency.
Type of program: _____
- a Peace Corps, VISTA or ACTION volunteer
- a full-time volunteer in a tax-exempt organization

- in the National Oceanic/Atmospheric Administration
- a mother entering the workforce
- an officer in the US Public Health Service
- unable to work or attend school due to parental leave

NOTE: IF YOU OR YOUR SPOUSE IS TEMPORARILY TOTALLY DISABLED, YOU ARE SUPPORTING A DISABLED DEPENDENT, OR YOU ARE IN NEED OF A DEFERMENT/FORBEARANCE FOR FINANCIAL OR UNEMPLOYMENT REASONS, PLEASE CONTACT AFSA AT THE ADDRESS LISTED BELOW TO OBTAIN FURTHER INFORMATION.

HEALTH PROFESSIONS STUDENT LOANS, PCL & LDS

- pursuing a full-time course of study towards a degree in health professions at any school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry, or veterinary medicine
- receiving full-time advanced professional training in the field for which the loan was received
- an officer in the US Public Health Service Commissioned Corps.

(NOTE: Part II can be completed by the borrower.)

- serving an internship or residency required prior to professional practice. **Type of program:** _____
- a Peace Corps volunteer
- on full-time active duty in a uniformed service.
Branch of service: _____
- participating in a fellowship training program. (for loans made after 10/22/85 only)

NURSING STUDENT LOANS

- in a nursing program half-time full-time leading to
 - baccalaureate equivalent graduate RN
 - associate degree
- on full-time active duty in a uniformed service.
Branch of service: _____
- a Peace Corps volunteer.
- advanced professional training.

THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE, ACCOUNT NUMBER, BEGINNING AND ENDING DATES, AND COMPLETE CERTIFICATION. I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO NOTIFY THE LENDING INSTITUTION IMMEDIATELY UPON TERMINATION OF MY CLAIMED STATUS.

X

Borrower's Signature _____

Date _____

PART II – TO BE COMPLETED BY CERTIFYING OFFICIAL OR REGISTRAR (NOTARY PUBLIC CERTIFICATION NOT ACCEPTABLE)

I certify that the information stated above is correct.

X

Signature of Authorizing Official _____

Title _____

Date _____

Name and Address of Authorizing Organization _____

STATUS:

- Full-time
- At least half-time
- Less than half-time

Deferment

Dates: (MM/DD/YY)

FROM: _____

TO: _____

OPEID# _____

Official Stamp or Seal

If no stamp or seal is available, please provide letterhead certification.

PHONE NUMBER: () _____

RETURN FORM TO:

**AFSA DATA CORPORATION
2505 SOUTH FINLEY RD., SUITE 100
LOMBARD, IL 60148-4899**

PART III – FOR OFFICE USE ONLY

- Approved
- Disapproved

Reason: _____

Inst & Dash #	Def Type	Dates of Def	Int Rev	NPD	Past Due Amt	Period Due	Pre-Canc/Def End Date

PROCESSED BY: _____

TITLE: _____

DATE: _____