

**Federal Perkins/National Direct Student Loan Request for Deferment for Partial Cancellation
 and Certification of Employer**

Daytime Phone Number Cell Number Email:

Please complete and return this form to the address listed above. Final responsibility for return of this form in a timely manner rests with the borrower. Late requests for deferment/cancellation are subject to late fees. No deferment/cancellation is possible until this form is returned to SUU Loan Office. Part 1 is to be completed by the borrower; Part 2 must be certified by the employer and a complete job description signed by your supervisor or certified authority must be included. This form is invalid without borrower's signature, correct dates, and official verification and certification.

PART 1: I request deferment pending partial cancellation of my Federal Perkins Loan for the 20____20____ employment year because

	DATES	Month/Day/Year
<input type="checkbox"/> Employed full-time as an elementary or secondary school teacher at a qualified school. <small>(School must be listed in the Federal Register from the Department of Education.)</small>	From	To
<input type="checkbox"/> Employed full-time as a special education teacher in an elementary or secondary school.	From	To
<input type="checkbox"/> Employed full-time as a teacher of math, science, foreign language, or other designated shortage area.	From	To
<input type="checkbox"/> Employed full-time as a professional provider of early intervention. <small>It must be a public or other nonprofit program under public supervision by a agency as authorized by section 632(5) of the Individuals lead with Disabilities Education Act. Early intervention services are provided to infants and toddlers with disabilities.</small>	From	To
<input type="checkbox"/> Employed full-time as a law enforcement/corrections officer.	From	To
<input type="checkbox"/> Employed full-time as a state licensed Registered Nurse or Medical Technician.	From	To
<input type="checkbox"/> Employed full-time by a child or family service agency: <small>They must be a eligible public or private non-profit child or family servi who is directly providing or supervising the provisions of services to high-risk children who are from low-income communities and the families of such children.</small>	From	To
<input type="checkbox"/> Employed full-time Attorneys Employed in a Defender Organization	From	TO

____ Employed full-time as a Firefighters
Working for a Local, State or Federal fire department or fire district. _____
From TO

____ Employed full-time as a Tribal College or University Faculty : _____
From To

____ Employed full-time as a Librarian _____
Librarian who has a master's degree in library science and is employed in an elementary or secondary school that is eligible for assistance under part A of title I of the Elementary and Secondary Education Act From To

Part 2: Certification of Employer

I certify the information in stated in Part 1 is true and correct.

- Employed full-time as an elementary or secondary school teacher at a qualified school.
- Employed full-time as a special education teacher in an elementary or secondary school.
- Employed full-time as a teacher of math/science/language or the designated shortage area.
- Employed full-time as a law enforcement/corrections officer.
- Employed full-time as a state licensed Registered Nurse or Medical Technician.
- Employed full-time by a child or family service agency serving low income communities as defined by t Department of Education.
- Employed full-time as a Attorney employed in a Defender Organization.
- Employed full-time as a Firefighter
- Employed full-time at a Tribal College or University Faculty
- Employed full-time as a Librarian who has a master's degree in Library Science
- Employed full-time as a Speech -Language pathologist with a master's degree
- Employed full-time with Service in and Early Childhood Education Program . Head Start
- Military while in a area of hostility being Full-time for each completed year of service
- Volunteer Service Peace Corps Act: or a volunteer under the Domestic Volunteer Service Act of 1973

Employer (School Name and District if applicable)

Address City State ZIP Phone

Signature of Authorized Official Title Date