

**REQUEST FOR DEFERMENT
Federal Perkins Loan Program**

Part I To be completed by the borrower.	Social Security Number	School Which Granted Loan			
	Name	Daytime Phone #			
	Address	City, State, Zip Code			
	I claim exemption from payment of principal and interest on my PERKINS loan during the loan period indicated below. I agree to notify the lending institution upon termination of this status.				
	Borrower's Signature	Date			
	This certifies that I am:				
	<input type="checkbox"/> At least a half-time student at an institution of higher learning.		Beginning	Ending	
	<input type="checkbox"/> Temporarily totally disabled or unable to work due to care of a disabled dependent (see reverse).		Mo	Day	Year
	<input type="checkbox"/> In full-time active duty in the Armed Forces.				
	<input type="checkbox"/> A full-time volunteer in the Peace Corp (minimum one year).				
	<input type="checkbox"/> A full-time volunteer under the Domestic Volunteer Act of 1973 (minimum one year).				
	<input type="checkbox"/> A full-time volunteer in a tax-exempt organization (comparable to Peace Corp or ACTION).				
	<input type="checkbox"/> Participating in an eligible internship program.				
<input type="checkbox"/> On active duty in the National Oceanic and Atmospheric Administration Corps.					
<input type="checkbox"/> A working mother of a pre-school age child entering or re-entering the work force and with compensation not to exceed \$1.00 over minimum wage (maximum one year).					
<input type="checkbox"/> Pregnant and unable to work or have adopted a child (maximum six months).					
Part II To be completed by your Registrar or authorized official	I certify that the borrower's declaration as shown above is true and correct:			Deferments can only be posted for six months at a time. Another billing will advise when your deferment has expired. In cases where the entire amount cannot be deferred, the borrower will be notified.	
	Organization or School		Official Seal or Stamp		
	Title				
	Date	Telephone #			
Signature					
Part III Institution's Approval	Signature	Title	Date		

Check here if your address has changed.

Return form to:
Appalachian State University
Student Accounts/Perkins
Loan Division
ASU Box 32005
Boone, NC 28608-2005
(828) 262-3097
School Code: 002906

Beginning			Ending		
Mo	Day	Year	Mo	Day	Year

Postponement and deferment are not the same. POSTPONEMENT occurs at the beginning of your enrollment and simply postpones payments during your enrollment or hardship period. No bills are issued for postponed loans. You will be sent another form 45 days before the postponement period is due to expire for certification that you have completed the enrollment requirements for the period which was postponed. DEFERMENTS can be processed only at the end of the postponement and only if the proper signature and seal or stamp is in place.

WARNING: If the request for deferment is not completed and returned to this office by the end of your postponement period, any payments which accrued will be due and payable, and those payment will be reported to the Credit Bureau.

Physician's Affidavit of Temporary Total Disability

Borrower's Name

Borrower's Social Security #

Under the National Direct/Federal Perkins Student Loan Program, administered by the United States Department of Education, a borrower is entitled to have periodic installment payments of principal deferred for up to three years during which the borrower is unable to secure employment because he or she is temporarily totally disabled or is caring for a spouse who is temporarily totally disabled. To qualify for this deferment, a borrower must provide the lender who issued the loan with an affidavit of a qualified physician, certifying the borrower's or spouse's disability.

The following affidavits are for the purpose of establishing the eligibility of a National Direct/Federal Perkins Student Loan borrower to obtain a deferment for temporary total disability and are in a form acceptable to the United States Department of Education.

1. **If the patient is a borrower of a National Direct/Federal Perkins Student Loan:** I certify that, in my best professional judgement, my patient _____ is temporarily totally disabled as a result of illness or injury and is unable either to attend school or to be gainfully employed. The nature of this patient's illness is _____. The patient's temporary total disability began on _____. I anticipate that this patient will recover from this disability to the extent that he or she will be able to either attend school or to be gainfully employed by _____.

I am legally authorized to practice medical/osteopathy in the State of _____. 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 (M.D. or O.D.)

Date

Telephone: _____

2. **If the patient is the spouse of a National Direct/Federal Perkins Student Loan borrower:** I certify that, in my best professional judgement, my patient _____, who is the spouse of _____ is temporarily totally disabled as a result of an illness or injury and is unable to be gainfully employed. In addition, this patient requires continuous nursing or other similar services. The nature of this patient's illness is _____. This patient's temporary total disability began on _____. I anticipate that this patient will recover from this disability to the extent that he or she will be able to be gainfully employed and will no longer require continuous nursing or other similar services by _____.

I am legally authorized to practice medical/osteopathy in the State of _____. I declare under penalty of perjury under the law of the United States of America that the foregoing is true and correct.

Signature of Physician (M.D. or O.D.)

Date

Telephone: _____

Return form to: Appalachian State University, Student Accounts/Perkins Loan Division, ASU Box 32005, Boone, North Carolina 28608-2005, Phone: (828) 262-3097, School Code: 002906

Loan Officer Approval

Beginning _____

Ending _____

Date Postponement Posted _____

Date Deferment Posted _____

Approval _____

Signature

Title

Date