



**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
____ Employed full-time as an elementary or secondary school teacher at a qualified school. (School must be listed in the Federal Register from the Department of Education.)	From	To
____ Employed full-time as a special education teacher in an elementary or secondary school.	From	To
____ Employed full-time as a teacher of math, science, foreign language, or other designated shortage area.	From	To
____ Employed full-time as a professional provider of early intervention. 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.	From	To
____ Employed full-time as a law enforcement/corrections officer.	From	To
____ Employed full-time as a state licensed Registered Nurse or Medical Technician.	From	To
____ Employed full-time by a child or family service agency: 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.	From	To
____ 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

