LOUISIANA STATE UNIVERSITY

**Louisiana State University**
**Office of Accounting Services**
**Bursar Operations – Perkins Loan**
**125 Thomas Boyd Hall**

# FEDERAL PERKINS LOAN PROGRAM – DEFERMENT REQUEST DUE TO EMPLOYMENT

***WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to a fine of no more than $10,000 or imprisonment for not more than five years or both, under the provision of Sec. 20 U.S.C. 1097.***

## *SECTION 1: BORROWER INFORMATION* *(To be completed by the borrower)*

Name: _____ LSUID: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone Number: _____

Deferment Period Requested: From: (MM/DD/YEAR) _____ To: (MM/DD/YEAR) _____

---

I certify that I am eligible for deferment of repayment because I am a (check the appropriate field): *Note: Eligibility varies for each deferment category depending on the type of loan you have and other specific requirements.*

☐ Head Start Teacher/Pre-Kindergarten/Child Care
☐ Teacher at a school with a high concentration of low-income students

☐ Early Intervention Service Provider
☐ Teacher of the Handicapped
☐ Special Education Teacher
☐ Teacher in a Shortage Field
- Subject Matter_____
- Grade Level _____

☐ Faculty at a Tribal College or University
☐ Speech Language Pathologist with master's degree working exclusively with Title I eligible schools. Attach job description and official transcript.

☐ Nurse/Medical Technician
☐ Family Service Agency Employee
- Job Title _____
- Attach official job description.

☐ Peace Corps Volunteer
☐ VISTA Volunteer
☐ Member of Armed Forces - Hostile Area
☐ Law Enforcement/Corrections Officer
- Job Title _____
- Attach official job description.

☐ Firefighter
☐ Librarian with a masters in Library Science employed at Title I funded school or public library serving low income area. Attach official transcript.

I declare that the information shown above is true and correct and that I will immediately notify the LSU Perkins Loan office upon any change in my status. I further understand that if, for any reason, I am not eligible for the requested cancellation or the appropriate forms are not submitted in a timely manner, payment of both principal and interest for the elapsed months will become immediately due and payable.

_____ _____
Signature of Borrower Date

******Section 2, on the back of this form, must be completed prior to submitting******

---

FOR ACCOUNTING SERVICES USE ONLY

☐ Approved ☐ Disapproved Inclusive Dates of Approval: From: (MM/DD/YEAR) _____ To: (MM/DD/YEAR) _____

Reviewed by _____ Date _____



*125 Thomas Boyd Hall • Baton Rouge, LA 70803 • P 225-578-3092 • F 225-578-3969 • perkinsloan@lsu.edu*

LOUISIANA STATE UNIVERSITY

**Louisiana State University**
**Office of Accounting Services**
**Bursar Operations – Perkins Loan**
**125 Thomas Boyd Hall**

## *SECTION 2: AUTHORIZED OFFICIAL'S CERTIFICATION* *(to be completed by the Organization, School, Official or Agency)*

Name of Organization: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

---

I certify that the information stated in Section 1 (on reverse) is true and correct. The person named provides the service in the following checked statuses.

_____ Full time teacher at _____(Name of School) which is listed by the U.S. Department of Education as having a high concentration of low-income students. The teacher at the aforementioned school may be employed by an educational service agency and the school or location may be one that is operated by an educational service agency.

_____ Full time teacher of handicapped children in a public or non-profit elementary or secondary school system. The majority of the students whom the borrower teaches are handicapped children.

_____ Full time staff member in a Head Start program. This program operates for a complete academic year and the borrower's salary does not exceed the salary of a comparable employee working in the local educational agency of the area served by the Head Start program. Also, full time staff members in a pre-kindergarten or childcare program that is licensed or regulated by the state.

_____ Full time special education teacher, including teachers of infants, toddlers, children, or youth with disabilities in a public or other non-profit elementary or secondary school system.

_____ Full time qualified professional provider of early intervention services in a public or other non-profit program under public supervision.

_____ Full time teacher of mathematics, science, foreign languages, bilingual education, or any other field of expertise that is determined by the state and education agency to have a shortage of qualified teachers. Specify subject matter and grade level teaching _____.

_____ Full time nurse or medical technician. Official job title: _____. Include job description.

_____ Full time employee of a public or private non-profit child or family service agency who is providing or supervising provision of services to high risk children and their families from low income communities.

_____ Full time Peace Corps or VISTA volunteer.

_____ Full time Law enforcement or corrections officer for an eligible agency that is a publicly funded unit, whose principal activities pertain to crime prevention, control or reduction or the enforcement of the criminal law. This includes, but is not limited to police efforts to prevent, control or reduce crime or to apprehend criminals; activities of courts having criminal jurisdiction and related agencies; activities of corrections, probation or parole authorities; and problems relating to prevention, control or reduction of juvenile delinquency or narcotic addiction. The borrower must be a sworn officer or person whose principal responsibilities are unique to the criminal justice system and are essential in the performance of the agency's primary mission.

_____ Full time service in the U.S. Armed Forces in an area of hostilities that qualifies for special pay under Sec. 310 of Title 37 of the U.S. Code.

_____ Full time speech-language pathologist with a master's degree who is working exclusively with Title I eligible schools.

_____ Librarian with a master's degree in Library Science who is employed in an elementary or secondary school that qualifies for Title I funding, or in a public library that serves a geographic area that includes one or more Title I schools.

_____ Full time faculty member at a Tribal College or University

_____ Full time firefighter with a local, state or federal fire department or fire district.

The inclusive dates for which I am certifying this borrower's status are:

FROM: (MM/DD/YEAR) _____
TO: (MM/DD/YEAR) _____

_____
Signature of Certified Official

_____
Print Name and Title

_____ _____
Date Official Seal or Stamp Required