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

FEDERAL PERKINS LOAN PROGRAM – DEFERMENT REQUEST DUE TO UNEMPLOYMENT

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form 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.

A. BORROWER INFORMATION

The following documentation is required to be attached and submitted with this application in order to process the request for deferment due to unemployment. Final responsibility for completion and return of this form and documentation rests solely with the borrower.

- Documentation of your last date of employment. (i.e. pay stub).
- Letter from your previous employer stating your last day of employment.

Note: An institution may permit a borrower to defer payments on his/her Perkins Loan if the borrower is seeking, but unable to find, full-time employment. Full-time employment is defined as working at least 30 hours per week in a position which is expected to last at least three months. The normal length of an unemployment deferment is three (3) months.

B. REQUEST FOR DEFERMENT OF REPAYMENT (To be completed by the borrower)

Name		LSU ID	
Mailing Address			Phone Number
City		State	Zip Code

Last Date of Employment: _____

List the business names and addresses below where you have applied for employment along with the last contact date for each.

Business Name	Business Address	Last Contacted Date

I certify that: (1) The information provided above is true and correct; (2) I will provide additional documentation, as required, to Louisiana State University to support my request for deferment; (3) I will notify Louisiana State University immediately when the condition(s) that qualified me for deferment ends; and (4) I have read, understand, and meet the terms and conditions of the deferment for which I have applied.

_____ _____

Signature of Borrower Date

FOR ACCOUNTING SERVICES USE ONLY

☐ Approved ☐ Disapproved From: (MM/DD/YEAR) _____To: (MM/DD/YEAR) _____

Reviewed by _____ Date _____