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 STUDENT ENROLLMENT/EDUCATION

WARNING: **Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. section 1097.**

SECTION 1: BORROWER IDENTIFICATION

Name: _____ LSUID: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone Number: _____

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

I meet the qualifications for the deferment checked below and request that my loan holder defer repayment of my loan(s): *Note: Eligibility varies for each deferment category depending on the type of loan you have and other specific requirements.*

☐ Enrolled at least half time at an eligible postsecondary school;

☐ Enrolled in a full time course of study in a graduate fellowship program;

☐ Enrolled in an approved full time rehabilitation program for individuals with disabilities;

I claim exemption from payment of the principal on my Federal Perkins Loan(s) during the period indicated above. I agree to notify the LSU Perkins Loan Collections office immediately upon change of my claimed status. I further agree to provide documentation as required to support my continued deferment status. I declare that information shown above is true and correct.

_____ _____

Signature of Borrower Date

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

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

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SECTION 2: AUTHORIZED OFFICIAL'S CERTIFICATION

To be completed and returned by Organization, School, Official or Agency
***As an alternative to completing this section, the school may attach its own enrollment certification report listing the required information. ***

Name of Organization: _____ Phone Number: _____

Mailing Address: _____

City: _____ State**:** _____ Zip Code: _____

I certify that the following information stated in Section 1 is true and correct. The person named is in the following checked statuses.

☐ Enrolled at least half time at an eligible postsecondary school;

☐ Enrolled in a full time course of study in a graduate fellowship program;

☐ Enrolled in an approved full time rehabilitation program for individuals with disabilities;

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

FOR ACCOUNTING SERVICES USE ONLY

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

Reviewed by _____ Date _____