



**FEDERAL PERKINS LOAN PROGRAM  
DEFERMENT / CANCELLATION REQUEST FOR:  
LAW ENFORCEMENT, CORRECTIONS OFFICER, PUBLIC DEFENSE LAWYER,  
OR PROSECUTING ATTORNEY**

First Name: _____	Last Name: _____
SID: _____	Last 4 Digits of SSN: _____
Current Mailing Address: _____	Phone #: _____
City, State, ZIP: _____	Email*: _____
ECSI School Code: _____	College/University Name: _____

*\*You will be contacted at this email address if form is incomplete*

To be completed by applicant	
I declare I am/was employed as:	
_____	A full-time law enforcement officer for a Federal, State, or Local law enforcement agency.
_____	A full-time law corrections officer for a Federal, State, or Local law corrections agency.
_____	A full-time lawyer employed by a public defender organization. See attached link to check eligibility <a href="http://www.fd.org/docs/defender-contacts/federal-public-and-community-defender-directory.pdf?sfvrsn=9">http://www.fd.org/docs/defender-contacts/federal-public-and-community-defender-directory.pdf?sfvrsn=9</a>
_____	A full-time Prosecuting Attorney for a Federal, State, or Local office.
I am requesting:	
_____	<b>Deferment</b> from ___/___/___ to ___/___/___ as I anticipate completing one full year of service
_____	<b>Cancellation</b> from ___/___/___ to ___/___/___ as I have completed one full year of service

**(Employment Dates Must Equal One Year)**

Start Date of Employment: (mmddyy) \_\_\_\_\_ : Are You Still Employed? Yes \_\_\_ No \_\_\_ : End Date of Employment \_\_\_\_\_

**Declaration:** I declare all information provided in this request to be accurate and true. I will notify ECSI and/or my lending institution immediately of any change in my employment status and begin payment if required.

**Signature of Borrower:**

\_\_\_\_\_

Signature Date

*\*An employer-certified job duties description must be attached.*

To be completed by employer	
<i>By signing below, I certify that the above information is true and correct.</i>	
Employer/Company Name:	_____
Name & Title of Authorized Official:	_____
Signature & Date of Authorized Official (stamp unacceptable)	_____
Telephone #:	_____
Address:	_____
City/State/Zip Code:	_____

*\*This form **will not** be returned to borrower if incomplete – please check your account status online to see if your request has been approved.*

*\*If employer does not have an official stamp or seal available, please attach a typed and signed letterhead certification by the employer verifying full-time, hire date of employment & job description. "Additional information may be required to determine eligibility."*

**Place Official Seal or Stamp Here  
(Notary seal not acceptable)**

Mail Form to: ECSI 181 Montour Run Road Coraopolis, PA 15108

Part III for Office Use Only:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_\_