



**FEDERAL PERKINS LOAN PROGRAM  
DEFERMENT / CANCELLATION REQUEST FOR:  
NURSE, MEDICAL TECHNICIAN, OR FIRE FIGHTER**

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

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

**To be completed by applicant**

I declare I am/was employed **FULL-TIME** as:

\_\_\_\_\_ A nurse or medical technician certified, registered or licensed by the state in the field of \_\_\_\_\_ providing medical services during the period for which I am requesting benefits. **(Must provide copy of license)**

\_\_\_\_\_ A fire fighter for service to a Federal, State, or local fire department of fire district

I am requesting:

\_\_\_\_\_ **Deferment** from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ as I anticipate completing one full year of service

\_\_\_\_\_ **Cancellation** 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**  
*By signing below, I certify that the above information is true and correct.*

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: \_\_\_\_\_