



Federal Perkins Loan Program Deferment / Cancellation Request For: Nurse, Medical Technician, or Fire Fighter

First Name: _____	Last Name: _____
Student ID/Account #: _____	Last 4 Digits of SSN: _____
Current Mailing Address: _____	Telephone #: _____
City, State, Zip Code: _____	Email: _____
ECSI Organization Code: _____	You will be contacted at this email address if this form is incomplete.
Organization Name: _____	

To Be Completed By the Applicant (enter all dates as mm/dd/yy)

Please select the appropriate box and enter all requested information.

I declare I am/was employed FULL TIME as:	
<input type="checkbox"/>	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)
<input type="checkbox"/>	A fire fighter for service to a Federal, State, or local fire department of fire district.

Please select the appropriate box and enter all requested information.

<input type="checkbox"/>	I am requesting a Deferment from _____ Date _____ to _____ Date _____ as I anticipate completing one full year of service.
<input type="checkbox"/>	I am requesting a Cancellation from _____ Date _____ to _____ Date _____ as I have completed one full year of service.

Employment Dates Must Equal One Year

Start Date of Employment: _____ 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 Federal Perkins Loan Servicer and/or my lending institution immediately of any change in my employment status and begin payment if required.

Yes___ No___ I authorize ECSI Federal Perkins Loan Servicer (ECSI) and its respective agents and contractors to contact me regarding any account being serviced or collected by ECSI, including repayment of any account, at my current or any future telephone number (cellular or otherwise) or other wireless device that is assigned to me or where I am an authorized user of the number/device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.

Signature of Borrower: _____ **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, please attach a typed and signed letterhead certification. The letter must specifically state that the borrower is a full-time employee and must include the hire date and job description.
 Additional information may be required to determine eligibility.*

**Mail form to: ECSI Federal Perkins Loan Servicer
 P.O. Box 836
 Moon Township, PA 15108**

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

For Office Use Only:

Approved:	Denied:	Processed By:	Date:
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