

**National Defense/Direct Student/Perkins/Federal Perkins and University Loan Program  
Request for Deferment of Repayment**

TO COVER \_\_\_\_\_ TO \_\_\_\_\_

Part I - General Information

Name of Borrower	PSU ID	SSN
Address	Name of Lending Institution  <b>The Pennsylvania State University</b> <b>Office of Student Loans</b> <b>Room 108 Shields Building</b> <b>University Park, PA 16802</b> Contact us: <a href="http://www.studentloans.psu.edu">http://www.studentloans.psu.edu</a>	
(Street)		
(City) (State) (Zip)		
Phone No. Area Code ( )		
All NDSL Loans This is to certify that I am (was)		Phone No. (814) 865-0461 Fax No. (814) 865-6535
		From (Month and Year) To (Month and Year)
<input type="checkbox"/> Military (3 yr. maximum)		
<input type="checkbox"/> National Oceanic and Atmospheric Administration Corps		
<input type="checkbox"/> Officer in commissioned Corps of US Public Health Service		
Tentative Termination Date for above status		
I claim exemption from payment of principal and accrual of interest on my Student Loan during the period indicated above. I agree to notify the lending institution upon termination of my claimed status.		
SIGNATURE OF BORROWER		DATE

Part II - Certification

**CERTIFICATION CANNOT EXTEND BEYOND ONE YEAR**

I certify that the information stated in Part I above is true and correct. The person named above is (was)	
<input type="checkbox"/> In Armed Forces	<input type="checkbox"/> In the National Oceanic and Atmospheric Administration Corps
<input type="checkbox"/> Active duty in Armed Forces/National Guard duty during a war or other military operation or national emergency.	<input type="checkbox"/> Officer in Corps of US Public Health Service
Signature (commanding officer/offical)	Date
Name of Institution or Organization	Official Seal or Stamp
Address (city, state, and zip code)	
	OPE #

Part III - Lending Institution Action

<input type="checkbox"/> Approved	Next Payment Due Date	_____
<input type="checkbox"/> Disapproved	Reason for Disapproval	_____
Signature of Approving Official		Date
_____		_____