

# Rochester Institute of Technology

## Request for School Deferment/Postponement/Cancellation

Please check one of the following and include documentation where indicated or include verification as indicated:

THIS IS TO CERTIFY THAT I AM EMPLOYED FULL TIME AS A:	
<input type="checkbox"/>	Teacher in a school listed in the Federal Register (NDSL, Perkins Student Loan) <b>Include employer letter with start date and your title</b>
<input type="checkbox"/>	Staff Member performing qualified service under the Headstart Act (Per21, Per22, Per24) <b>Include employer letter with start date and your title</b>
<input type="checkbox"/>	Teacher of Math, Science, Foreign Languages, Bilingual Education (Per21, Per22, Per24) <b>Include employer letter with start date and your title</b>
<input type="checkbox"/>	Teacher of handicapped children as indicated in your Promissory Note <b>Include employer letter with start date and your title</b>
<input type="checkbox"/>	Nurse/Medical Technician providing Health Care Service to high-risk children who are from low-income communities and families of such children (Per21, Per22, Per24) <b>Include employer letter with start date and your title</b>
<input type="checkbox"/>	Law enforcement of correction officer for an eligible local, state or federal agency(Per21, Per22, Per24) <b>Include employer letter with start date and your title</b>

OR

I MAY DEFER MAKING PAYMENT (AND HAVE COMPLETED SECTIONS 2 & 3) FOR ANY PERIOD THAT I AM:	
<input type="checkbox"/>	At least <b>half-time student</b> (current or prior quarter)
<input type="checkbox"/>	On Active Duty as a member of an uniformed service of the United States.(3 year maximum, apply yearly, does not apply to Per24)
<input type="checkbox"/>	A volunteer in the Peace Corps or Domestic Volunteer Act of 1973
<input type="checkbox"/>	Pursuing advanced professional training, including internship and residency.(only if required for degree certification)

OR

I AM ELIGIBLE FOR A DEFERMENT OR CANCELLATION TYPE NOT LISTED ABOVE	
<input type="checkbox"/>	Deferment or cancellation type: _____

From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_

**Student Account Number:** \_\_\_\_\_

I DECLARE THAT THE INFORMATION ABOVE IS TRUE AND CORRECT. I FURTHER DECLARE THAT I WILL NOTIFY RIT IMMEDIATELY UPON ANY CHANGES IN MY STATUS.

**Borrower's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGNATURE REQUIRED (SCHOOL DEFERMENT ONLY, INVALID WITHOUT OFFICIAL SEAL OR STAMP)**

I CERTIFY that the information above is true and correct.

**Verifying Agent's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Description of Duties:** \_\_\_\_\_  
(attach sheet if necessary)

**Signature of Authorized Official:** \_\_\_\_\_ **Title / Date:** \_\_\_\_\_ / \_\_\_\_\_