

REQUEST FOR SCHOOL DEFERMENT

PART 1 – TO BE COMPLETED BY BORROWER:

NAME: _____ SOCIAL SECURITY #: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP CODE: _____ TELEPHONE NUMBER: _____
NAME OF LENDING INSTITUTION: _____

THIS IS TO CERTIFY THAT I HAVE BEEN: (check appropriate item)

At least a half-time student ___ Internship ___ Officer in Public Health Service ___ Volunteer in Tax- Exempt Organization ___
Active Duty in Armed Forces ___ Peace Corps ___ VISTA ___ Temporary Disabled ___

TIME PERIOD TO BE DEFERRED: From _____ **To** _____
(month & year) (month & year)

I claim exemption from payment of principal and accrual of interest on my loan during the period indicated above. I agree To notify the lending institution immediately upon termination of my claimed status. Deferment are not given beyond the Date of certification without verification from the present institution.

Borrower's Signature: _____ **Date:** _____

PART 2 – TO BE COMPLETED BY CERTIFYING AUTHORITY

I certify that the information stated in **Part 1** is true and correct, the person named above was:

At least a half-time student ___ Internship ___ Officer in Public Health Service ___ Active Duty in Armed Forces ___
Volunteer in Tax – Exempt Organization ___ Peace Corps ___ VISTA ___ Temporary Disabled ___

OFFICIAL SEAL OR STAMP

Signature of Certifying Official : _____

Name of Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____

RETURN TO: UNION COLLEGE
C/O FINANCE DEPT.
FEIGENBAUM HALL
807 UNION STREET
SCHENECTADY, NY 12308

FINANCE DEPT. USE:
Approved: _____
Disapproved: _____
Comments: _____

Signature of Authorizing Official:
