

# DEFERMENT APPLICATION: FULL-TIME SPECIAL EDUCATION TEACHER

PART 1: To be completed by the borrower.

I am a full-time special education teacher of children with disabilities in a public or other non-profit elementary or secondary school. I hereby apply for postponement or deferment of my student loan repayments. I waive any unexpired portion of my original grace period. After each complete year of eligible employment, I may re-apply for cancellation of a portion of my loan.

The current year of employment began \_\_\_\_\_ and ends \_\_\_\_\_

My daytime telephone number is \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

PART 2: To be completed by the borrower's supervisor.

I hereby certify that the information stated by the borrower above is true and correct to the best of my knowledge.

Name of Organization \_\_\_\_\_ Affix seal or stamp \*\*\*

City & State \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

## ***DFT5***

\*\*\*Seal or stamp MUST be attached or the letterhead for the organization

For Institutional Use Only

Time Deferred\_ \_\_\_\_\_

Official Name \_\_\_\_\_ Date processed \_\_\_\_\_

Official Name \_\_\_\_\_ Date processed \_\_\_\_\_