Duke University

Deferment/Cancellation Request for:

Nurse, Medical Technician, or Fire Fighter

Student Loan Office

Return Form To: Educational Computer Systems Inc. (ECSI)
181 Montour Run Road
Coraopolis, PA 15108
Phone: (888)549-ECSI (3274)
Fax: (866) 291-5384

Note: Additional certification may be required with this form

PART 1  Borrower Information

| First Name: __________________________ | Last Name: __________________________ | M.I.: _____ |
| SID: ___________ | -or- | Last 4 digits of SSN: ___-___-___ |

Current Mailing Address: ________________________________________________________

| City: __________________________ | State: ______ | Zip: __________ | Phone Number: __________________________ |

Lending Institution: __________________________

Email Address: __________________________

(You will be contacted at this email address if form is incomplete)

PART 2  Request

I declare I am/was employed **FULL-TIME** as:

___ 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)*.

___ a fire fighter for service to a Federal, State, or Local fire department or fire district.

I am requesting:

___ **DEFERMENT** from ___/___/___ to ___/___/___ as I anticipate completing one full year of service.

___ **CANCELLATION** from ___/___/___ to ___/___/___ as I have completed one full year of service.

*(Employment Dates Must Equal One Year)*

Start Date of Employment: (mm/dd/yy) __________ : 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 and/or my lending institution immediately of any change in my employment status and begin payment if required.

________________________________________________________________________

Signature of Borrower

*An employer-certified job duties description must be attached.
Employment Certification – to be completed by the employer

Name of Employer

Authorized Official’s Name & Title

Signature of Authorized Official (signature stamp unacceptable)

Address

City, State, Zip

*This form will be returned to borrower if incomplete.
* If employer seal or stamp not available, please attach letterhead certification: A letter written on employer letterhead by the employer verifying full-time dates of employment & job description.