Duke University

Student Loan Office

Deferment/Cancellation Request for:

Qualifying Teaching & Librarian Services

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

<table>
<thead>
<tr>
<th>PART 1</th>
<th>Borrower Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Last Name:</td>
</tr>
<tr>
<td>SID:</td>
<td>-or-</td>
</tr>
<tr>
<td>Current Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Lending Institution:</td>
<td>Email Address:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PART 2</th>
<th>Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>I declare I am/was employed FULL-TIME as:</td>
<td></td>
</tr>
<tr>
<td>___ a teacher in a federally designated low-income school or educational services agency.</td>
<td></td>
</tr>
<tr>
<td>___ a special education teacher of disabled children.</td>
<td></td>
</tr>
<tr>
<td>___ a teacher in a shortage field. I am teaching as ______________.</td>
<td></td>
</tr>
<tr>
<td>___ a librarian with a master’s degree in library science employed in a low-income school or public library serving low-income schools.</td>
<td></td>
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<tr>
<td>___ a faculty member at a Tribal college or university.</td>
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</tr>
</tbody>
</table>

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.

Start Date of Employment: (mmddyy) _________: 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 Date
PART 3

Employment Certification – to be completed by the employer

Name of School

________________________________________

School District

________________________________________

Address

________________________________________

County

________________________________________

City, State, Zip

________________________________________

Telephone Number

________________________________________

Print Name & Provide Title of Authorized Official

________________________________________

Date

________________________________________

Signature of Authorized Official (*signature stamp unacceptable)

*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.