OCCIDENTAL COLLEGE
PERMANENT RESTRICTED STUDENT LOAN FUND TRUST
DELOITTE & TOUCHE STUDENT LOAN FUND TRUST
DEFERMENT FORM

STUDENT DEFERMENT: Student deferment status is available if you are enrolled full-time at an accredited post-secondary institution. A student continuing his/her education should submit this deferment form at the of ***beginning of each term*** indicating enrollment dates. **Section A** is *type of deferment* - **Section B** is *enrollment period* - **Section C -** *name, signature, date and social security number* - **Section D** to be completed by your current Registrar's Office.

Mail Form to: Occidental College, 1600 Campus Rd M-20, Los Angeles, CA 90041
Or fax to Occidental College, Student Loans Office (323) 341-4880 fax

MILITARY SERVICE: Military Service may indicate deferment eligibility - **Section D** must be completed by the Commanding Officer.

DISABILITY: A doctor's certification is required for proof of disability. That certification should be on the letterhead of a doctor of medicine. The doctor must sign the certification with the following statement: "I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

A. DEFERMENTS:

_____ DEFERMENT BY REASON OF FULL-TIME GRADUATE STUDIES
_____ DEFERMENT BY REASON OF MILITARY SERVICE
_____ DEFERMENT BY REASON OF DISABILITY

B. BENEFIT PERIOD:*Deferment approved one school term at a time, *NOT* the entire school year*****

DEFERMENT PERIOD:_____

BEGINNING DATE OF CURRENT TERM — ENDING DATE OF CURRENT TERM

C. DECLARATION (BORROWER SIGNATURE:

I declare that the information shown above is true and accurate. I further declare that I will notify my lender or billing service, ACS Data Corp., immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the term of service for which I have requested deferment benefits, I will begin immediate repayment of my loan, including deferred payments.

_____
SIGNATURE DATE ACCT. #

_____
PRINT NAME

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D. CERTIFICATION OF BENEFIT PERIOD AND STATUS:

_____
NAME OF SCHOOL OR SERVICE UNIT

_____
ADDRESS PHONE #

_____
SIGNATURE AND TITLE OF CERTIFYING OFFICER

SCHOOL SEAL