



## Military/Public Health Deferment Application

Deferment option for those serving full-time active duty in the U.S. Armed Forces or Public Health Service.

**Instructions:** Provide all information in section I, II, and III. Section III of this form must be signed by a commanding or supervising officer. Applications for loans in default will be denied. **WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form has committed the crime of perjury.

### I. Borrower Information

SNN or Account Number: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number – Primary: \_\_\_\_\_ Telephone Number – Alternate: \_\_\_\_\_

Email Address: \_\_\_\_\_

Indicate the dates for which the deferment is requested: Requested Start: \_\_\_\_\_ Requested End: \_\_\_\_\_

### II. Terms and Conditions: To be completed by the borrower

I certify I am eligible for deferment of repayment and meet the conditions in the military/public health deferment application indicated above, below, and/or on the reverse side. I also certify that my account is not in default status. I understand the following conditions:

1. My repayment schedule will be amended following the deferment.
2. If I am currently making payments on a reduced payment schedule, my reduced payment agreement is void.
3. All requirements outlined in my promissory note are binding.
4. Monthly payments must be made until I have received notification that this deferment has been approved.
5. If this deferment request is denied, all past due amounts are payable immediately. If alternate financial arrangements are necessary, contact customer service at the address or phone number located above.
6. If I received the loan(s) during or after the 1996-97 school year, interest accrues during hardship agreements, deferment periods and will be capitalized when payments resume.
7. There is a six-month grace period following the deferment end date on loans received for school years 1994-95 or earlier. Interest is charged during this grace period on loans received for school years 1987-88 and after. The total indebtedness will increase when the deferment period ends. When payments resume, accrued unpaid interest must be satisfied before payments are applied to principal.
8. If my loan(s) are currently deferred for any other reason, my deferment may not begin more than 30 days prior to receipt of this completed form.
9. When repayment resumes after this deferment, the minimum monthly payment on my account will be at least \$50.00.



Time Limits: Limits vary depending on when the loan was received.

Table with 4 columns: checkbox, letter (A, B, C), Time Limit, and Details. Row A: No time limit, Loans received before the 1985-86 school year. Row B: 6-year maximum, Loans received between the 1985-86 and 1995-96 school years. Row C: 3-year maximum, Loans received after the 1995-96 school year.

Certification: For the purpose of obtaining the deferment indicated below, I authorize the certifying official/institution to release pertinent records to the Alaska Commission on Postsecondary Education. I certify under penalty of perjury that the foregoing is true.

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that electronically signing and submitting this document to ACPE legally binds me in the same manner as if I had signed in a non-electronic form. By electronically signing, you consent to be legally bound by this Agreements terms and conditions. Your further agree that your use of a key pad, mouse, or other device to electronically sign, constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and ACPE.

III. 3rd Party Certification: To be completed by a commanding or supervising officer

This section must be signed by a commanding or supervising officer. Certification by a recruiting officer is not acceptable.

Agency, Organization, or Branch of Service: \_\_\_\_\_

Address, City, State and Zip: \_\_\_\_\_

I certify that the claimed status indicated above is correct for the periods of: \_\_\_\_\_ to: \_\_\_\_\_ and that any additional conditions for eligibility, as set forth on this form, have been met.

I declare under penalty of perjury that the foregoing is true and correct.

The borrower's expected completion date is: \_\_\_\_\_

Name of Authorized Certifying Official: \_\_\_\_\_

Title of Authorized Certifying Official: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

(wet signature required)