
Re: Account Number _____

PLEASE HAVE THIS FORM COMPLETED BY YOUR AGENCY AND ATTACH IT TO YOUR DEFERMENT REQUEST FORM. This deferment benefit for study in a rehabilitation training program was previously only for Federal Perkins loans and Direct loans made on or after July 1, 1993. As of October 7, 1998; this deferment benefit is available to any borrower who met the eligibility criteria as of that date.

CERTIFYING AGENCY: Completion of this form serves as official certification that ALL of the following statements are true.

1. The borrower is *"either receiving or scheduled to receive rehabilitation training services for disabled individuals"* during the period _____ to _____.
2. This rehabilitation program is *"licensed, approved, certified, or otherwise recognized by one of the following entities as providing rehabilitation training to disabled individuals: A State agency with responsibility for vocational rehabilitation programs; drug abuse treatment programs; mental health services programs; alcohol abuse treatment programs; or the Department of Veterans Affairs."*
3. The program *"provides or will provide the borrower with rehabilitation services under a written plan that:*
 - (A) *Is individualized to meet the borrower's needs;*
 - (B) *Specifies the date on which the services to the borrower are expected to end; and*
 - (C) *Is structured in a way that requires a substantial commitment by the borrower to his or her rehabilitation. The Secretary considers a substantial commitment by the borrower to be a commitment of time and effort that would normally prevent an individual from engaging in full-time employment either because of the number of hours that must be devoted to rehabilitation or because of the nature of the rehabilitation."*

(Federal Register/Vol. 59/No. 229/Nov. 30, 1994/Sect. 674.34)

Agency Name

Name of Certifying Official

Title

Address

Signature of Certifying Official

Date

Telephone Number

SEAL

DEF 021 (Rev. 8/99) 9506p