

FEDERAL PERKINS STUDENT LOAN

TEMPORARY DISABILITY DEFERMENT FORM INSTRUCTIONS

- Have your physician complete the 'PHYSICIAN'S AFFIDAVIT OF TEMPORARY TOTAL DISABILITY' Form.
- Complete the 'REQUEST FOR TEMPORARY TOTAL DISABILITY DEFERMENT' Form.
- Print out these forms and mail them to:

Loans & Collections, MS 9023
Western Washington University
516 High Street
Bellingham, WA 98225-9023

Your deferment form must be completed in full or the processing of your deferment may be delayed.

If you have any questions please contact WWU Loans & Collections
(360) 650-4055.



REQUEST FOR TEMPORARY TOTAL DISABILITY DEFERMENT

Name:	Account #
Address:	40682-_____ -01
City State Zip	Social Security #
	Past Due Amount (If Applicable) \$

According to the Federal Register, December 1, 1987, Section 674.34 and 674.35 Temporary Total Disability Deferment may be granted to you or your spouse if your loan was made on or after October 1, 1980 and prior to June 30, 1993. The provision for care of a dependent is only if your loan was made on or after July 1, 1987, with a nine-month grace period, and prior to June 30, 1993.

I am requesting a **Temporary Total Disability Deferment** of my federal student loan(s) payments beginning _____. I understand that I must have the attached Physician's Affidavit completed and returned in order to prove disability.

** Please read this entire form before you fill it out **

I am requesting a Temporary Total Disability Deferment

I understand that Temporary Totally Disabled, with regard to the borrower, means the inability by virtue of an injury or illness to attend an eligible institution or to be gainfully employed during a reasonable period of recovery. Also, an affidavit from a qualified physician is required to prove disability.

I am requesting a Deferment for the Sole Caregiver of a Temporary Totally Disabled dependent.

I understand that a borrower may receive deferment for Temporary Total Disability of a spouse or dependent if the spouse or dependent requires continuous nursing or other services from the borrower for a period of at least three months due to illness or injury.

A borrower's dependent is a child who receives more than half of his/her financial support from the borrower or another person who lives with the borrower and who receives more than half of his/her financial support from the borrower.

If you feel you qualify, please complete and return the attached Physician's Affidavit. An envelope has been provided for your convenience.

BORROWER, RETURN PHYSICAN AFFIDAFIT AND REQUEST FOR TEMPORARY TOTAL DISABILITY DEFEREMENT FORM TO:

**LOANS & COLLECTIONS OFFICE, MS-9023
WESTERN WASHINGTON UNIVERSITY
516 HIGH STREET
BELLINGHAM, WA 98225-9023
(360) 650-4055**



PHYSICIAN'S AFFIDAVIT OF TEMPORARY TOTAL DISABILITY

The patient is a borrower of a NDSL/FEDERAL PERKINS STUDENT LOAN

I certify that, in the best professional judgment, my patient _____ is temporarily totally disabled as a result of illness or injury and is unable to either attend school or to be gainfully employed. The nature of this patient's illness is _____.

The patient's temporary total disability began on _____. I anticipate that this patient will recover from this disability to the extent that he or she will be able either to attend school or to be gainfully employed by _____.

I am legally authorized to practice medicine/osteopathy in the State of _____. I declare under penalty of perjury, under the laws of the United States of America that the foregoing is true and correct.

Signature of physician-MD/DO	Date
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Typed or printed name of MD/DO
Address
City, State and Zip
Telephone Number

INCLUDE THIS FORM WITH *REQUEST FOR TEMPORARY TOTAL DISABILITY DEFERMENT FORM*