

UNEMPLOYMENT DEFERMENT REQUEST

λL , (D. λ**L** ,) P, / F D. F. , **D**. E . 1, , L , (FFEL) P, /F , P . ., L , (P . ., L ,)P, OMB No. 1845-0011 Form Approved Exp. Date 8/31/2021

UNEM

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SECTION	1: BORROWE	RINFORM	ΛΔΤΙΩΝ
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SECTION 1: BURKOWER INFORMATION	
Please e	nter or correct the following information.
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SSN	
Name	
Address	
City	State Zip Code
Telephone - Primary	
Telephone - Alternate	
Email (Optional)	
SECTION 2: BORROWER DETERMINATION OF DEFERMENT ELIGI	Please enter or correct the following information. C
C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
1. Are you receiving unemployment benefits?	4.

• Shows that you are eligible to receive the benefits for the period of time for which you are