

**PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)**

Name	Social Security #	ACS Account # (if available)
Street Address	City	State
Zip	Date of Birth	Email Address
Home Phone #	Cell Phone #	Work Phone #

**NURSING/NURSING INSTRUCTOR SERVICE DEFERMENT**

BEGINNING (mm/dd/yyyy)	ENDING (mm/dd/yyyy)
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Current Dates of Employment  
(Altered dates will not be accepted)

THIS IS TO CERTIFY THAT I WILL BE A FULL-TIME REGISTERED NURSE/NURSING INSTRUCTOR FOR THE ABOVE DATES AT:

Hospital/School Name	Hospital/School Street Address	
City, State, Zip	Telephone #	

THIS FORM IS INVALID WITHOUT BORROWER'S SIGNATURE, SOCIAL SECURITY NUMBER, BEGINNING AND ENDING DATES, AND PART II CERTIFICATION. **PLEASE NOTE: FOR SERVICE DEFERMENT, STUDENTS GRADUATING WITH THEIR BSN DEGREE MUST PROVIDE A COPY OF THEIR MISSISSIPPI NURSING LICENSE (RN/BSN EXCLUDED).**

I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE.

X  
Borrower's Signature

\_\_\_\_\_ Date

**PART II – TO BE COMPLETED BY HUMAN RESOURCE DEPARTMENT**

I CERTIFY THAT THE INFORMATION STATED ABOVE IS CORRECT.

X  
Signature of Authorizing Official

\_\_\_\_\_ Date

Printed Name, Title, and Address of Official	Official Stamp or Seal If no stamp or seal is available, please provide letterhead certification.
Telephone #	

**RETURN FORM TO:  
ACS, INC. – ATTN: LINDA  
900 Commerce Drive, Ste. 320  
Oak Brook, IL 60523  
800.432.2372 ext 2788  
FAX 630.203.2796**

PART III FOR OFFICE USE  
PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_