REQUEST FOR DEFERMENT OF INSTITUTIONAL & HEALTH PROFESSION STUDENT LOANS
AND PERKINS LOANS

Print form, complete, and return to the address below:

PART I: SECTION A - TO BE COMPLETED BY BORROWER

| NAME OF BORROWER (Last, First, Middle, Maiden) | HOME PHONE |
| ADDRESS (Street, City, State, ZIP Code) | |
| ☐ Institutional Loan | ☐ Perkins Loan |
| ☐ Health Profession & Primary Care Student Loan | |
| ☐ CHECK HERE IF NAME OR ADDRESS IS NEW | |
| SIGNATURE OF BORROWER | University ID # |
| X | |

SECTION B - DEFERMENT

This is to certify that I am/will be: (Check all appropriate items)
- ☐ Pursuing a course of study in an institution of higher education at least half time
- ☐ Uniformed Health Services
- ☐ A member of the Armed Forces (Active Duty)
- ☐ Internship/Residency
- ☐ In the Peace Corps/Vista

FROM (MM/DD/YYYY) ___________ TO (MM/DD/YYYY) ___________

PART II: CERTIFICATION OF STATUS

The person named IS or WAS enrolled as a student:

| ☐ Internship/Residency | SIGNATURE OF AUTHORIZED OFFICIAL |
| ☐ In Peace Corps/Vista | |
| ☐ Member of Armed Forces (Active Duty) | TITLE |

DATE | PHONE #

NAME OF INSTITUTION OF HIGHER EDUCATION, MILITARY ORGANIZATION, PEACE CORPS/VISTA, OR CERTIFYING AGENCY.

INSTITUTION ADDRESS (STREET, CITY, ST, ZIP)

Return Form To:
University of Utah
Income Accounting and Student Loan Services
201 South 1460 East, RM 165
Salt Lake City, UT 84112-9054
PH. 801.581.8786, FAX 801.581.4277
Toll Free PH. 1-800-444-8638 ext 1-8786

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