

**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)	<input type="checkbox"/> Institutional Loan	<input type="checkbox"/> Perkins Loan
<input type="checkbox"/> CHECK HERE IF NAME OR ADDRESS IS NEW	<input type="checkbox"/> Health Profession & Primary Care Student Loan	
SIGNATURE OF BORROWER X		University ID #

SECTION B - DEFERMENT

This is to certify that I am/will be: (Check all appropriate items)	
<input type="checkbox"/> Pursuing a course of study in an institution of higher education at least half time	
<input type="checkbox"/> Uniformed Health Services	<input type="checkbox"/> A member of the Armed Forces (Active Duty)
<input type="checkbox"/> Internship/ Residency	<input type="checkbox"/> 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:	I certify that the information stated in Part I Section B is true and correct.	
<input type="checkbox"/> Internship/Residency <input type="checkbox"/> In Peace Corps/Vista <input type="checkbox"/> Member of Armed Forces (Active Duty)	SIGNATURE OF AUTHORIZED OFFICIAL	
	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