

**REQUEST FOR DEFERMENT OF REPAYMENT
NDSL/FEDERAL PERKINS STUDENT LOANS**

INSTRUCTIONS: Borrowers should complete General Information and Part I
Borrower is responsible to get Part II certified by authorized official.

GENERAL INFORMATION

Name _____

Account Number _____

Address _____

City, State, Zip _____

Home Phone Number (____) _____

Work Phone Number (____) _____

Return To: UST

2115 Summit Ave AQU 220

St Paul MN 55105-1096

Tel: 651)962-6612

Fax: (651)962-6009

Email: Perkins Loan Office@

stthomas.edu

PART I: TO BE COMPLETED BY BORROWER
STATUS – CHECK ONE FOR TYPE REQUESTED

FOR ALL NDSL/PERKINS LOANS

Student Status (At least halftime) _____ Graduate Fellowship
(form may be required for each term) (approval of DOE required)
 Rehabilitation Training for Disabled (submit documentation of enrollment)

FOR NDSL AND PERKINS LOAN ONLY RECEIVED PRIOR TO 07/01/93

Military Service (fulltime) _____ Peace Corp or Vista
 Officer in U.S. Public Health Service _____ Officer in NOACC
 Internship (please state field) _____ Residency (please state field)

PERIOD REQUESTED

Beginning: ___/___/___ Ending: ___/___/___ Estimated Completion Date: ___/___/___

I declare that the information above is true and accurate. I further declare that I will notify UST-Perkins Loan Office if my status changes.

BORROWER SIGNATURE _____ DATE _____

PART II: TO BE COMPLETED BY SCHOOL OR APPROPRIATE OFFICIAL

Name of institution or organization _____

INSTITUTIONS OPE ID NUMBER _____

Address _____

City, State, Zip: _____

Phone Number (Including Area Code): (____) _____

SPECIFIC DATES: FROM _____ TO _____

I certify that the deferment status and period requested are true and correct

SIGNATURE OF CERTIFYING OFFICIAL _____

Officials name (please print) _____

Title of Official: _____

Institutional Seal (where available)