



DEFERMENT REQUEST
Federal Perkins Loan

BORROWER INFORMATION (contact information below will be updated in account)

Name _____ Date _____

DU ID# _____ Last 4 of SSN _____

Street Address _____

City, State, Zip _____ Email _____

Daytime Phone _____ Cell Phone _____

REASON FOR DEFERMENT

Student Enrolled At Least Half Time – Borrower may request up to 1 year; must be renewed with new paperwork each year

Active Duty Service in the Armed Forces – loans dispersed after July 1, 2001

Graduate Fellowship Program

Rehabilitation Training

SUPPORTING DOCUMENTATION

Requests for deferment submitted without supporting documentation will be denied. Documentation may be in the Certification Section below with an official seal or stamp, a letter written on letterhead from the organization, or other supporting documentation. And should include; verification by an organization official of qualifying dates and enrollment and/or active service.

BORROWER CERTIFICATION

I certify that all statements above are true and correct. If necessary for approval of this deferment, I hereby authorize the University of Denver permission to verify and confirm information which I have furnished above. I understand that it is my responsibility to notify Student Debt Management at the University of Denver to any changes in my circumstances as stated above. I will also notify them of any changes to my name, social security number, address, phone number or email address. Furthermore, I understand that I will have a 6-month grace period after the deferment ends and then, my first payment will become due.

Borrower Signature _____ Date _____

<p>CERTIFICATION</p> <p>To Be Completed by Certifying Official (C.O.)</p> <p>Organization _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Name of C.O. _____</p> <p>Title of C.O. _____</p> <p>Signature _____ Date _____</p> <p>Phone _____</p> <p>Dates of Service</p> <p>Beginning (mm/dd/yyyy) _____ End (mm/dd/yyyy) _____</p>	<p>OFFICIAL STAMP OR SEAL</p> <p><i>Seal or stamp must be visible, verify before submission (i.e. fax and scan).</i></p>
<p>SCHOOL CODE _____</p>	

Completed signed application may be faxed, emailed, or mailed to the University of Denver Bursar's Office at address above.

OFFICE USE ONLY

Beginning Date of Status _____ End Date _____

Signature of Reviewer _____ Date _____