

Phone: 512-475-7779, opt. 3

THE UNIVERSITY OF TEXAS AT AUSTIN
PERKINS COLLECTION SERVICES
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**NURSE / MEDICAL TECHNICIAN
DEFERMENT REQUEST**

It is the Borrower's responsibility to ensure this form is complete and reaches our office in a timely manner.

Name: _____ * UT EID or SSN: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Apt # _____ Email Address: _____

Phone: (day) (____) _____ (night) (____) _____ Cell: (____) _____

Is this a new address: yes [] no []

PART I – COMPLETE IF YOU ARE CURRENTLY OR WILL BE EMPLOYED FULL TIME :

NOTICE: You must attach a copy of an official job description for your position.

Employer: _____

Your Job Title: _____

Deferment period: _____ to _____
MM/DD/YYYY MM/DD/YYYY

I claim exemption from payment due to my position as a nurse or medical technician. I declare that the information above is true and accurate. I further declare that I will notify The University of Texas at Austin immediately of any change in my status.

Signature: _____ Date: _____

PART II – COMPLETE IF YOU HAVE COMPLETED A YEAR OF SERVICE:

I certify that I have completed a full year as a full-time employee as a nurse or medical technician and request the appropriate cancellation for a year of service .

NOTICE: You must attach a copy of an official job description for this position if not submitted in the past

Employer: _____

Your Job Title: _____

Cancellation period: _____ to _____
MM/DD/YYYY MM/DD/YYYY

I claim exemption from payment due to my position as a nurse or medical technician. I declare that the information above is true and accurate. I further declare that I will notify The University of Texas at Austin immediately of any change in my status.

Signature: _____ Date: _____

PART III – TO BE COMPLETED BY THE CERTIFYING OFFICIAL:

I certify that the information in Part I and/or Part II is true and correct.

Signature & Title	_____	Date	_____
Institution or Organization	_____	Phone: Area Code	Number
Address (city, state, zip)	_____	Fax: Area Code	Number

PART IV - TO BE COMPLETED BY LENDING INSTITUTION: [] Approved _____ [] Disapproved _____

Date Processed: _____ Initials: _____

Prin Cx'd: _____ Int. Cx'd: _____ [] 15% 1st yr. [] 15% 2nd yr. [] 20% 3rd yr. [] 20% 4th yr. [] 30% 5th yr.

Prin Bal. Remaining: _____

* If you do not know your UT EID, disclosure of your Social Security number (SSN) is requested from you in order for The University of Texas at Austin to process this form. No statute or other authority requires that you disclose your SSN. Failure to provide your SSN, however, may result in a delay in processing. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.