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THE UNIVERSITY OF TEXAS AT AUSTIN  
PERKINS COLLECTION SERVICES  
PO Box Q  
AUSTIN, TEXAS 78713-8917

Fax: 512-471-0212

**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: \_\_\_\_\_

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 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% 3<sup>rd</sup> yr. [ ] 20% 4<sup>th</sup> yr. [ ] 30% 5<sup>th</sup> 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.