

Phone: 512-475-7779, opt. 3

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

Fax: 512-471-0212

perkins@austin.utexas.edu

TEACHER DEFERMENT / CANCELLATION 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: (____) _____

PART I – TO BE COMPLETED BY THE BORROWER:

Complete this section if you will be a full-time teacher. Please enter in the dates for the current school year in a public or other nonprofit elementary or secondary school. Must be for a full academic year or its equivalent.

Academic Year: _____ to _____ School: _____
School District: _____

Check One: High concentration low- income students Special Education / handicapped students Teaching Math, Science, Foreign Language / Bilingual Education or other shortage area of teaching expertise determined by state education agency. Librarian Speech Language pathologist Headstart Pre-K Program Child Care Program

I claim exemption from payment due to my indicated position as a teacher. 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 this section if you have completed a year of teaching full-time.

I certify that I taught full-time in a public or other nonprofit elementary or secondary school for a complete academic year or its equivalent as stated below.

Academic Year: _____ to _____ School: _____
School District: _____

Check One: High concentration low- income students Special Education / handicapped students Teaching Math, Science, Foreign Language / Bilingual Education or other shortage area of teaching expertise determined by state education agency. Librarian Speech Language pathologist Headstart Pre-K Program Child Care Program

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.

Official Seal or Stamp
(If none, provide letter of certification)

Signature & Title

Date

School or School District / Educational Service Agency

Phone Area Code

Address (city, state, zip)

Fax Area Code

TO BE COMPLETED BY LENDING INSTITUTION: Approved _____ Disapproved _____

Date Processed: _____ Initials: _____ 15% 1st yr. 15% 2nd yr. 20% 3rd yr. 20% 4th yr. 30% 5th yr.

Headstart, Pre-school or Childcare 15% each year.

Prin. Cx'd _____ Int. Cx'd _____ Prin. Balance 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.