

REQUEST FOR DEFERMENT (Nursing, Law Enforcement, etc) – FEDERAL PERKINS LOAN
UNIVERSITY OF CENTRAL MISSOURI

(PLEASE COMPLETE IN INK)

UCM ID NUMBER:	EMAIL:
NAME:	Return form to: UCM – Perkins PO Box 800 Ward Edwards 1100 Warrensburg, MO 64093 Phone: 660-543-4661 Fax: 660-543-8007
ADDRESS:	
CITY: STATE: ZIP:	
WORK PHONE: CELL:	

COMPLETION OF THIS FORM DOES NOT GUARANTEE ELIGIBILITY. FOR MORE INFORMATION ON ELIGIBILITY REQUIREMENTS, PLEASE VISIT:
ucmo.edu/sfs/explore/repayingperkins.cfm