INDIANA UNIVERSITY
Student Loan Administration
P. O. Box 1609
Bloomington, IN 47402-1609
812-855-4511
866-IU LOANS
FAX 812-855-5848

_____
Name

_____
Address

_____
Student ID

DEFERMENT APPLICATION PART 1: To be completed by borrower.

I am a full-time professional provider of early intervention services that are provided to infants and toddlers with disabilities in a public program or publicly supervised program authorized under section 676 (2) of the Individuals with Disabilities Education Act.

I hereby apply for deferment of my student loan repayment.

My current year of employment begins _____ and ends _____

Please submit your job description which is on file in your human resources department.

I further understand should I not complete the full academic year of employment, I will contact the Student Loan Administration within 30 days of such action.

_____ _____ _____
Signature of Borrower Date Home Telephone Number

PART 2: To be completed by borrower's supervisor

I hereby certify that the information stated above is true and correct to the best of my knowledge.

Name of Organization _____

Address _____
Street Address City State Zip

Telephone _____ Date _____

Signature of Official _____ Title _____

PART 3: To be completed by INDIANA UNIVERSITY personnel.

For IU Use: ☐ approved ☐ disapproved by _____ date _____