

**UNIVERSITY OF ST. THOMAS
REQUEST FOR ECONOMIC HARDSHIP DEFERMENT**

Name _____ SSN _____

Current Address _____

City/State Zip _____

Telephone numbers: (Day) _____ (Evening) _____

Employment Information: Provide information for current or most recent employer.

Employer Name; _____

Employer Address: _____

_____ city state zip

Employer Phone: (____) _____

Number of hours worked per week: _____ Hourly rate: _____ Date last worked: _____

CHECK ALL THAT APPLY

I am employed and experiencing financial difficulty

I have been granted economic hardship for a Federal Direct Student Loan or a Federal Family Education Loan. (Attach letter from lender)

Give the reason for your request below and complete the financial information form on the back.

I have read and completed both sides of this form and certify that all information given is true and correct.

Signature

Date

PLEASE RETURN TO:

**University of St. Thomas
2115 Summit Ave AQU 220
Saint Paul MN 55105-1096
Fax # (651) 962-6009 Attn: Perkins Loan
Phone (651) 962-6612**

For office use only:

Income--Monthly