

REQUEST FOR STUDENT LOAN DEFERMENT
Tulane School of Public Health and Tropical Medicine
1501 Canal St, New Orleans, LA 70112

LAST NAME: _____

FIRST NAME: _____

SOCIAL SECURITY # _____

HOME TELEPHONE # (_____) _____

E-MAIL ADDRESS: _____

ANTICIPATED GRADUATION DATE: _____

MAJOR: _____ DEGREE: _____

NAME OF LENDER: _____

LENDER ADDRESS: _____

*All loan deferments will be processed electronically by
the National Student Loan Clearinghouse.*

**FOR INFORMATION ON THE STATUS OF YOUR LOAN DEFERMENT, PLEASE
CONTACT YOUR LENDER DIRECTLY OR CONTACT THE NATIONAL STUDENT
LOAN CLEARINGHOUSE @ (703)742-7791 or www.nslc.org**

I hereby authorize the release of the following enrollment information to the address listed
above, all information I have submitted is true and correct to the best of my knowledge.

Signature of Student

Date
