



# PERKINS LOAN HARDSHIP DEFERMENT REQUEST OFFICE OF THE BURSAR

Northern Illinois  
University

*Office of the Bursar*

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Account Counseling

Cashiering

Commercial Receivables

Student Receivables

OneCard Office

### COMPLETE THE FOLLOWING INFORMATION:

Social Security Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Current Phone Number: \_\_\_\_\_

### Closest Living Relative:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

**Please state the reason you are requesting a Hardship Deferment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is only a request. All information must be filled out for the request to be processed. The request approvals are based on individual need. Questions can be directed to the address or phone number provided.