



STUDENT LOAN DEFERMENT

Records Office

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records@agts.edu

Student name: _____

SS#: _____ DOB: _____

Enrollment term: _____ Graduation Date: _____
Enrollment can be verified for the current term or a previous term, but cannot be verified for a term that has not yet started.

Lender: _____

Acct #: _____

Address: _____

City, State, Zip: _____

Fax #: _____

Instructions: _____

Student signature: _____ Date: _____

Processed by: _____

Date: _____