

**J.R. SCRIBNER STUDENT LOAN ACTUAL PRACTICE VERIFICATION FORM FOR UMMC SERVICE SCHOLARSHIP RECIPIENTS**

This verification of actual employment/practice for deferment and/or cancellation request form must be completed each year until all financial obligations are met. Failure to complete this form annually may result in the immediate demand of payment. **ALL requests for deferment and/or cancellation are subject to approval.**

- Please submit proof of residency and employment in Mississippi.

SECTION 1. TO BE COMPLETED BY RECIPIENT

LName:	FName:	Last Four Digits of SSN
Street Address:		
City:	State:	Zip:
Telephone:	Email:	
Loan/Scholarship Program:	Name While Enrolled:	

**PLEASE SELECT TYPE/REASON:**

DEFERMENT <input type="radio"/>	CANCELLATION <input type="radio"/>	BOTH <input type="radio"/>
Deferment FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	
Cancellation FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	
Mississippi Employment <input type="radio"/>	UMMC Employment <input type="radio"/>	Out of State Residency <input type="radio"/>

**RECIPIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

SECTION 2. TO BE COMPLETED BY EMPLOYER'S DEPARTMENT HEAD OR HR REPRESENTATIVE

Employer Name/Name of Practice	
Address:	
Email:	Telephone:
Dates of Full - Time Employment:	
Department Head/HR Representative:	
Signature:	Date:

**Official Stamp  
or Seal**

**If no stamp or seal is available, please  
provide letterhead certification**

PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_