

This space for servicer's use only

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SECTIONS A-E MUST BE COMPLETED FULLY
BORROWER MUST COMPLETE ALL AREAS OUTLINED IN RED AND/OR IN DASHES
Federal Perkins (NDSL) Student Loan - Request for Cancellation

Please print-This section must be filled out completely.

Name, Social Security No., Program and Loan Nos. on billing statement, Address, Check if new address, City, State, Zip, Home Phone, Work Phone, Institution that granted this loan(s), Cell Phone

You may qualify for the following partial loan cancellation benefits, regardless of the terms or your promissory note: FULL-TIME TEACHER in a public or nonprofit elementary or secondary school designated by the Secretary of Education as having a high concentration of low-income students...

NOTE: If the service or employment for which you are claiming partial loan cancellation is not included in your promissory note, then the service or employment must start October 7, 1998, or after. If this case, teachers employed in a year-around program may qualify if the school year began on or after July 1, 1998.

*****Two forms are required for each year, a Request for Deferment submitted at the beginning of the year and a Request for Cancellation at the end of that year's service.*****

A. Cancellation or Deferment

CHECK BLOCK(S) FOR TYPE OF SERVICE

Additional documentation required. Please contact servicer before sending this form.

- Pre-Kindergarten, Middle School, Law Enforcement, Early Intervention, Kindergarten, High School, Nurse/Med Tech, Peace Corps/VISTA, Elementary, Head Start, Child/Fam Service, Military (Combat), Spec. Ed.: Attach a description of your students or clients and the percentage of disabled in the classroom.

Legal Name of School or Employing Agency

County School District

City State Zip

B. Employment or Enlistment Period (must be one complete year)

Deferment in Anticipation of Cancellation, Cancellation, Beginning and Ending Mo. Day Yr.

C. Job Title/Description/Subjects Teaching

Received/Pass Date, State Board Date(s), Med Tech/RN Lic. Date(s), Must complete for nurse/med tech.

D. Declaration

I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan immediately.

Signature of borrower (required) Date

E-mail Address

E. Certification of Employment or Enlistment Period

Name of School, Place of Employment or Service Unit, Address, Phone No., City, State, Zip

- I CERTIFY THAT THE BORROWER IS EMPLOYED FULL TIME. I certify that this is a public elementary or secondary school. I certify that this school is operated by the Bureau of Indian Affairs. I certify Peace Corps/VISTA. I certify that this is a private or public nonprofit elementary or secondary school registered by the STATE EDUCATION AGENCY. I certify that this is a public or private nonprofit child or family service agency.

Please check all boxes that apply.

Signature of Certifying Official Date

Title of Certifying Official

*Note: Altered dates must be initialed by Certifying Official

This space for Institutional Seal. If not available, provide official letter of certification.

SEAL

For lending institution only:

- Cancellation approved, Deferment approved, Principal Cancelled, Defense (10%, 15%), Request disapproved, Interest Cancelled, Perkins (15%, 20%, 30%)

Teaching, Peace Corps, VISTA, Law Enforcement, Head Start, Nurse, Med Tech, Child-Family Service, Early Intervention, Military

Signature Date

Internal use only: Date Analyst's Initials

Table with columns: Last 3 digits Program No., SEQ No., Type, Begin Mo. Year, End Mo. Year, Comment. Rows include Principal cancelled and Interest cancelled.