

Return completed form in person or via email to the institution where you borrowed the CA DREAM Loan. Cancellation is available on outstanding loan debt for borrowers who have died or have become permanently and totally disabled. This form does not cover cancellation due to bankruptcy; please see applicable laws and consult an attorney concerning bankruptcy processes. Cancellation provides a number of benefits:

- Cancellation eliminates any outstanding balance on the loan, including interest and past due amounts. This can protect against attempts of collection agencies to request payment from a deceased borrower's estate.
- Cancellation can lead to updated credit report to credit bureaus for borrowers with delinquent accounts who meet the criteria to count as permanently and totally disabled.

SECTION A: REQUESTOR INFORMATION			
Borrower Last Name		Borrower First Name	
Borrower Student ID#		Borrower SSN or (DREAM App ID if no SSN available)	

Full Name of signatory, if not the borrower			
Relationship to the Borrower			
SSN, Driver's License, or other government issued ID# of signatory, if not the borrower (please list which type of ID)			

Home Address of signatory below			
Cell Phone of signatory below		E-mail of signatory below	

SECTION B: BORROWER REQUIREMENTS, CHECK APPLICABLE BOXES	
<input type="checkbox"/>	Borrower has passed away and I, the undersigned, am attaching an official death certificate.
<input type="checkbox"/>	I am a veteran who has been determined by the U.S. Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability, and I am attaching documentation from the VA of that determination.
<input type="checkbox"/>	I have received a Social Security Administration (SSA) notice of award for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) stating that my next scheduled disability review will be 5 to 7 years or more from the date of my last SSA disability determination, and I am attaching documentation of that SSA notice of award.
<input type="checkbox"/>	I am unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that can result in death, has lasted for more than sixty months, or can be expected to last for a continuous period of not less than sixty months, and I am attaching documentation from a qualified physician to this affect.

SECTION C: UNDERSTANDING AND SIGNATURE	
I certify, to the best of my knowledge, that all information in this form is accurate. I understand that my cancellation must be approved by the Lender before responsibility for payments ends. I authorize the Lender and its agents to contact me for additional information regarding this request using any contact information on file. I will monitor my/borrower's account to ensure I stay informed of the status of the loan. I am aware that loan cancellations may be considered a taxable event by the IRS.	
Borrower's Signature*	Date
Proxy's Signature*	Date

*A family member, caregiver, or conservator may sign as Proxy if borrower deceased or unable to sign due to disability.