

For Servicer's Use Only

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Federal Perkins (NDSL) Student Loan – Request for Cancellation

SECTIONS A-E MUST BE COMPLETED FULLY

BORROWER MUST COMPLETE ALL AREAS OUTLINED IN RED

This section must be filled out completely. (Please Print)

Account number(s) on billing statement

Name, Social Security No., Address, Check if new address, City, State, Zip, Home Phone, Email Address, Cell Phone, Lending Institution, Work Phone. Return to: Campus Partners, P.O. Box 2901, Winston-Salem, NC 27102-2901, Fax: 336-607-2093.

You may qualify for partial loan cancellation benefits, regardless of the terms of your promissory note. There are a number of reasons that may qualify you for these benefits. For a complete list of cancellation provisions and the eligibility criteria for each one, please visit our web site at www.mycampusloan.com or you may contact our office at (800) 334-8609.

****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 years' service****

A. Cancellation or Deferment

CHECK BLOCK(S) FOR TYPE OF SERVICE

*Additional documentation required. Please visit our Web site at www.mycampusloan.com and complete the Official Certification Letter For Cancellation Benefits.

Child Care Program*, Headstart*, Pre-Kindergarten*, Kindergarten, Elementary, Middle School, High School, Speech/Language Pathologist*, Librarian*, Tribal Faculty College/University, Law Enforcement*, Public Defender, Nurse/Medical Technician*, Firefighter, Child/Family Service*, Early Intervention*, Peace Corps/VISTA, Military (Combat). Spec. Ed.: Attach a description of your students/clients and the % of disabled in the classroom.

Legal Name of School or Employing/Educational Agency

City, State, Zip

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

Teaching Period (include academic year or equivalent)

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

C. Job Title/Description/Subjects: (must complete)

State Board Date(s), Original Received/Pass Date. Mo., Day, Yr.

Med Tech/RN Lic. Date(s), Must complete for nurse/med tech. Mo., Day, Yr.

D. Declaration

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

Signature of Borrower (required), Date

E. Certification of Employment or Enlistment Period

Name of School, Place of Employment or Service Unit

Address, Phone No.

County, School District

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 (verification should be attached by certifying official). 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 is for Institutional Seal. If not available, provide official letter of certification.

SEAL

Internal use only: Date, Analyst's Initials:

Comment:

Last 3 digits Program No., SEQ No., Type, Begin Mo., Year, End Mo., Year, Principal cancelled, Interest cancelled.

9164F (03-15)