

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

This space for servicer's use only

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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 <input type="checkbox"/>					
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, and in which more than 30 percent of the school's enrollment is Title I children, according to the list published annually in the *Federal Register*; full-time SPECIAL EDUCATION TEACHER, including teachers of infants, toddlers, children and youth with disabilities in a public or nonprofit school system; FULL-TIME TEACHER IN A FIELD OF EXPERTISE such as mathematics, science, foreign languages, bilingual education or other fields where the state education agency determines there is a shortage of qualified teachers; full-time educational staff member in a HEAD START PROGRAM carried out under the Head Start Act (formerly under the Economic Opportunity Act of 1964), validation must be attached; active duty service in the MILITARY in an area of hostilities that qualifies for special pay under Section 310 of Title 37 of the U.S. Code; volunteer service under the PEACE CORPS Act or Domestic Volunteer Service Act of 1973 (VISTA); service as a LAW ENFORCEMENT OR CORRECTIONS OFFICER in an eligible local, state or federal agency – the agency must be publicly funded and its principal activities must pertain to crime prevention, control or reduction or enforcement of criminal law, and your principal responsibilities are unique to criminal justice system; full-time employment for 12 consecutive months as a NURSE or MEDICAL TECHNICIAN providing health care services; working full time in a public or private nonprofit child or family service agency for 12 consecutive months providing or supervising the provision of SERVICES TO HIGH-RISK CHILDREN from low-income communities and families of such children; full-time employment for 12 consecutive months as a qualified professional PROVIDER OF EARLY INTERVENTION SERVICES in a public or nonprofit program authorized in Sect. 676(b)(9) of the Individuals with Disabilities Education Act.

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

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

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

Legal Name of School or Employing Agency _____

County _____ School District _____

City _____ State _____ Zip _____

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

<input type="checkbox"/> Deferment in Anticipation of Cancellation	Beginning: Mo. Day Yr. _____ and Ending: Mo. Day Yr. _____
<input type="checkbox"/> Cancellation	Beginning: Mo. Day Yr. _____ and Ending: Mo. Day Yr. _____

C. Job Title/Description/Subjects Teaching

Received/Pass Date: Mo. Day Yr. _____ State Board Date(s): Mo. Day Yr. _____ Med Tech/RN Lic. Date(s): Mo. Day Yr. _____ **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.

Beginning	End
Mo. Day Year	Mo. Day Year

Please check all boxes that apply.

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.

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 _____

Last 3 digits Program No.	SEQ No.	Type	Begin Mo. Year	End Mo. Year	Comment
		QL			Principal cancelled _____ Interest cancelled _____
		QL			Principal cancelled _____ Interest cancelled _____
		QL			Principal cancelled _____ Interest cancelled _____
		QL			Principal cancelled _____ Interest cancelled _____