Instructions: How to Complete the Federal Perkins Student Request for Cancellation Form

Please fill in all areas outlined in red and/or in dashes.

Check which option best describes your title or profession and fill out the information about your School, Firm or Agency.
*Please note: when there is an asterisk after your choice and you are applying for a cancellation, please include the Official Certification Letter for Cancellation Benefits Form and job description.
*When applying for a Deferment in Anticipation of Cancellation, attach a job description.

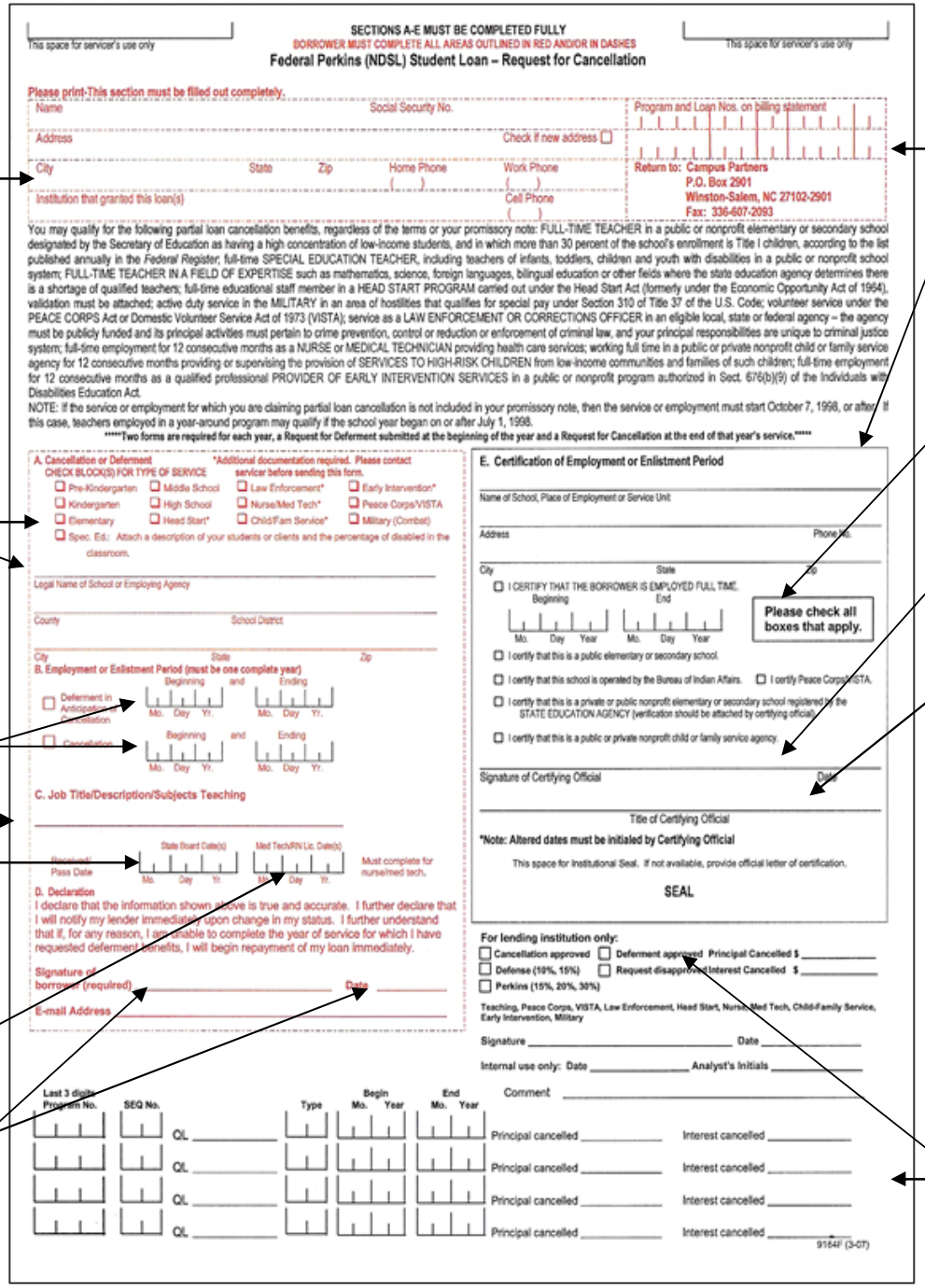
Please make sure dates are complete before sending in forms. Even if you are employed at the same school, firm or agency, it is necessary to list both beginning and ending dates on this form.

Place Job Title here.

Dates needed in this box are for: Nurse or Med Tech state board dates.

Dates needed in this box are for: Nurse or Med Tech licensing dates.

Please sign and date.



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

Please print-This section must be filled out completely.

Name | Social Security No. | Address | Check if new address | City | State | Zip | Home Phone | Work Phone | Institution that granted this loan(s) | Cell Phone

Program and Loan Nos. on billing statement

Return to: Campus Partners
P.O. Box 2901
Winston-Salem, NC 27102-2901
Fax: 336-607-2093

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 — *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 — Beginning (Mo. Day Yr.) and Ending (Mo. Day Yr.)
Cancellation — Beginning (Mo. Day Yr.) and Ending (Mo. Day Yr.)

C. Job Title/Description/Subjects Teaching

Required 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. Beginning (Mo. Day Year) End (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
Comment

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

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Place your 16 digit account number(s) here.

This section must be filled in by your Employer.

At least one of these boxes should be checked, in addition to the box that states: I certify that the borrower is employed full time.

Please have your employer sign and date this section, but not more than 30 days of sending in this form.

Your employer must place his/her title here.

For OFFICE use only

12/2007