

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)

Name	Social Security No.	Account number(s) on billing statement
Address	Check if new address <input type="checkbox"/>	
City State Zip	Home Phone ()	
Home Address	Cell Phone ()	Return completed form to your lending institution.
Employing Institution	Work Phone ()	

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 year's 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.

- | | | | |
|---------------------------------------------|------------------------------------------------------------|----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Child Care Program | <input type="checkbox"/> Middle School | <input type="checkbox"/> Law Enforcement* | <input type="checkbox"/> Early Intervention* |
| <input type="checkbox"/> Headstart* | <input type="checkbox"/> High School | <input type="checkbox"/> Public Defender | <input type="checkbox"/> Peace Corps/VISTA |
| <input type="checkbox"/> Pre-Kindergarten* | <input type="checkbox"/> Speech/Language Pathologist* | <input type="checkbox"/> Nurse/Medical Technician* | <input type="checkbox"/> Military (Combat) |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Librarian* | <input type="checkbox"/> Firefighter | |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Tribal Faculty College/University | <input type="checkbox"/> Child/Family Service* | |
- 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 and Ending

Mo. Day Yr. Mo. Day Yr.

Cancellation

Beginning and Ending

Mo. Day Yr. Mo. Day Yr.

C. Job Title/Description/Subjects:

State Board Date(s) (must complete)

Original Received/Pass Date

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 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

For Lending Institution Only:

- | | |
|-------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Cancellation Approved | <input type="checkbox"/> Deferment In Anticipation of Cancellation |
| <input type="checkbox"/> Principal Cancelled \$ _____ | <input type="checkbox"/> Interest Cancelled \$ _____ |
| <input type="checkbox"/> Perkins (15%, 20%, 30%) | <input type="checkbox"/> Defense (10%, 15%) |
| <input type="checkbox"/> Request Denied/ Ineligible | |

Comments: _____

Signature: _____

Date: _____