

**SECTIONS A-D MUST BE COMPLETED FULLY**  
**BORROWERS MUST COMPLETE ALL SHADED AREAS**  
 Federal Perkins (NDSL) Student Loan – Request for Cancellation

Please Print

Name	Social Security No.	Program and Loan Nos. on billing statement					
Address	Check if new address <input type="checkbox"/>						
City	State	Zip	Day telephone ( )				
Institution that granted this loan(s)	Evening telephone ( )						

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

\* **Additional Documentation required. Please contact lender before sending this form.**

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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 \_\_\_\_\_ and Ending \_\_\_\_\_  
 Mo. Day Yr. Mo. Day Yr.

Cancellation

Beginning \_\_\_\_\_ and Ending \_\_\_\_\_  
 Mo. Day Yr. Mo. Day Yr.

**C. Job Title/Description/Subjects Teaching**

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

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**Signature of Borrower (required)** \_\_\_\_\_

**Date** \_\_\_\_\_

**E. Certification of Employment or Enlistment Period**

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Name of School, Place of Employment or Service Unit \_\_\_\_\_

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Address \_\_\_\_\_ Phone No. \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 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 Peace Corps/VISTA.

I certify that this is a public or private nonprofit child or family service agency.

I CERTIFY THAT THE BORROWER IS EMPLOYED FULL TIME.

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Signature of Certifying Official \_\_\_\_\_ Date \_\_\_\_\_

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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:**

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Internal Use Only: Date** \_\_\_\_\_ **Analyst's Initials** \_\_\_\_\_