

### 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

|                     |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name                | Social Security No.                           | <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Address             | Check if new address <input type="checkbox"/> |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City State Zip      | Home Phone ( )                                |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address       | Cell Phone ( )                                |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lending Institution | Work Phone ( )                                |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Return completed form to your lending institution.

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](http://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](http://www.mycampusloan.com) and complete the Official Certification Letter For Cancellation Benefits.

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|--|--|--|--|
| <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

|  |  |  |  |  |  |  |  |  |  |
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Mo. Day Yr. Mo. Day Yr.

Cancellation Beginning and Ending

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Mo. Day Yr. Mo. Day Yr.

#### C. Job Title/Description/Subjects:

State Board Date(s) (must complete)

Original Received/Pass Date

Med Tech/RN Lic. Date(s)

#### 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: \_\_\_\_\_