

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

Please print. This section must be filled out completely.

Name _____ Social Security No. _____ Account number(s) on billing statement _____

Address _____ Check if new address

City _____ State _____ Zip _____ Home Phone _____ Work Phone _____

Email Address _____ Cell Phone _____

Institution that granted this loan(s) _____

Return to: Campers Partners
 P.O. Box 2901
 Winston-Salem, NC 27102-2901

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.mvcampusloan.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

Child Care Program* Middle School Law Enforcement* Early Intervention*
 Headstart* High School Public Defender Peace Corps/VISTA
 Pre-Kindergarten* Speech/Language Pathologist* Nurse/Medical Technician* Military (Combat)
 Kindergarten Librarian* Firefighter
 Elementary Tribal Faculty Child/Family Service*
 Spec. Ed. Attach a description of your students or clients and the percentage of disabled in the classroom.

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

Original Received/Pass Date _____ State Board Date(s) _____ Med. Techn. Lic. Date(s) _____
 Mo. Day Yr. Mo. Day Yr. Mo. Day Yr.

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. 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. 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%)

Signature _____ Date _____
 Internal use only: Date _____ Analyst's initials _____

| Last 3 digits Program No. | SEO 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 _____ |

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Place your 16 digit account number(s) here.

This section must be filled in by your Employer.

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