

**CANCELLATION FOR FEDERAL PERKINS LOAN**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State zip

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ LOAN NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**TO BE COMPLETED BY BORROWER**

CHECK TYPE

- TEACHING FULL TIME
- HEADSTART PROGRAM
- LAW ENFORCEMENT
- NURSE/MED TECH
- CHILD/FAMILY SERVICE
- VOLUNTEER SERVICE
- MILITARY
- EARLY INTERVENTION

\_\_\_\_\_ Job Description/Title

\_\_\_\_\_ Exact Name of Employer

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

CANCELLATION DATES FROM \_\_\_\_\_ TO \_\_\_\_\_  
mo day yr mo day yr

I DO INTEND TO TEACH DURING THE NEXT ACADEMIC YEAR \_\_\_\_/\_\_\_\_

I DO NOT INTEND TO TEACH DURING THE NEXT ACADEMIC YEAR.

I declare that the information shown 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, including deferred payments.

\_\_\_\_\_  
SIGNATURE OF BORROWER DATE

**TO BE COMPLETED BY CERTIFYING OFFICIAL**

\_\_\_\_\_  
Name of School/Service Unit/ Place of Employment

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

\_\_\_\_\_  
Phone Number Start date of borrower's full-time employment

\_\_\_\_\_  
End date of borrower's full time employment (if applicable)

I CERTIFY THAT THE BORROWER INFORMATION IS CORRECT.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title of Certifying Official Date

**FOR LENDING INSTITUTION USE**

REQUEST DISAPPROVED  CANCELLATION APPROVED  
 1<sup>ST</sup> YEAR 15%  2<sup>ND</sup> YEAR 15%  3<sup>RD</sup> YEAR 20%  4<sup>TH</sup> YEAR 20%  5<sup>TH</sup> YEAR 30%

LOAN PRINCIPAL CANCELED \_\_\_\_\_ INTEREST CANCELED \_\_\_\_\_

TOTAL AMOUNT CANCELED \_\_\_\_\_ BALANCE AFTER THIS TRANSACTION \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPROVING OFFICIAL TITLE DATE