

# 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: Teachers credentials, Law enforcement personnel, Social Workers that require a Certification in their state.

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**  
 (Use reverse side for deferment)

This space for servicer's use only

Please print. This section must be filled out completely.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Program and Loan Nos. on billing statement \_\_\_\_\_

Address \_\_\_\_\_ Check if new address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Day telephone \_\_\_\_\_

Institution that granted the loan(s) \_\_\_\_\_ Evening telephone \_\_\_\_\_

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

You may qualify for the following partial loan cancellation benefits, regardless of the terms of 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 Federal 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 member 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 an 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 or 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. \*Additional documentation required. Please contact servicer before sending this form.

Pre-Kindergarten  Middle School  Law Enforcement\*  Vocational  
 Kindergarten  High School  Nurse/Med Tech\*  Peace Corps/VISTA  
 Elementary  Head Start\*  Child/Fam Service\*  Military (Combat)  
 Spec. Ed. Attach a description of your students or clients and the percentage of disabled in the classroom.

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 \_\_\_\_\_  
 Cancellation Beginning and Ending \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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. \_\_\_\_\_  
 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.

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%)

Teaching, Peace Corps, VISTA, Law Enforcement, Head Start, Nurse, Med Tech, Child-Family Service

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

Last 3 digits Program No.	SEQ No.	Type	Begin Mo.	Year	End Mo.	Year	Principal cancelled	Interest cancelled

9164F (5-02)

Place your 16 digit account number(s) here.

This section must be filled in by your Employer.

At least one of these boxes should be checked, in addition to the box that states: I certify that the borrower is employed full time.

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.

\* Please make sure your employer places an official seal or stamp here.

\* If your employer does not have an official seal or stamp, please have your employer write a letter of certification on their official letterhead of the school, agency or firm at which you are employed.

Please have your employer include the following information:  
 1. Date of hire  
 2. Your Status = Part/Full Time  
 3. A brief description of your job duties

For OFFICE use only