SECTIONS A-E MUST BE COMPLETED FULLY

This space for servicer's use only		HES ation			This	space fo	r servi	icer's us	se only						
Please print-This section must be filled or	ut completely.														
Name		Prog	ram ar	nd Loa	n Nos. o	n billing	stat	ement	, Ī						
Address					Check i	f new address	+	.LL		L					l
City	State	Zip	Home P	hone	Work P	'hone	Retu	ırn to:		us Part Sox 290		L_	.L.J	L	l
Institution that granted this loan(s)			2		Cell Ph (none)			Winst	ton-Sale 336-607	em, NC	2710)2-290 [,]	1	
You may qualify for the following partial loal designated by the Secretary of Education as published annually in the Federal Register,	having a high co	oncentration o	f low-income stu	udents, and	in which more	than 30 percent of	the sch	ool's e	nrollme	ent is Ti	tle I chil	ldren,	accor	ding to	the li
system; FULL-TIME TEACHER IN A FIELD is a shortage of qualified teachers; full-time	educational staff	member in a	HEAD START	PROGRAM	I carried out u	nder the Head Star	t Act (fo	rmerly	under	the Eco	onomic	Oppo	ortunity	Act of	f 1964
validation must be attached; active duty ser PEACE CORPS Act or Domestic Volunteer	Service Act of 19	73 (VISTA); s	ervice as a LAW	ENFORCE	EMENT OR CO	PRRECTIONS OFF	ICER in	an elig	jible lo	cal, stat	e or fed	leral a	agency	- the	agend
must be publicly funded and its principal acti system; full-time employment for 12 consect agency for 12 consecutive months providing	ıtive months as a	NURSE or M	EDICAL TECHN	IICIAN prov	iding health ca	are services; working	g full tim	ie in a i	public	or privat	e nonpr	rofit c	hild or	family	servio
for 12 consecutive months as a qualified n	rofessional PRO	VIDER OF EA	ARI Y INTERVE	NTION SEI	RVICES in a r	nublic or nonnrofit i	nrogram	autho	rized i	n Sect	676(h)(9) of	the In	dividus	als wi

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

A. Cancellation or Deferment *Additional documentation required. Please contact CHECK BLOCK(S) FOR TYPE OF SERVICE servicer before sending this form.	E. Certification of Employment or Enlistment Period
☐ Pre-Kindergarten ☐ Middle School ☐ Law Enforcement* ☐ Early Intervention*	
☐ Kindergarten ☐ High School ☐ Nurse/Med Tech* ☐ Peace Corps/VISTA	Name of School, Place of Employment or Service Unit
☐ 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	Address Phone No.
classroom.	
	City State Zip
Legal Name of School or Employing Agency	☐ I CERTIFY THAT THE BORROWER IS EMPLOYED FULL TIME. Beginning End
County School District	Please check all
County School District	boxes that apply.
	Mo. Day Year Mo. Day Year
City State Zip B. Employment or Enlistment Period (must be one complete year)	☐ I certify that this is a public elementary or secondary school.
Beginning and Ending	☐ I certify that this school is operated by the Bureau of Indian Affairs. ☐ I certify Peace Corps/VISTA.
Deferment in Anticipation of Cancellation Mo. Day Yr. Mo. Day Yr.	☐ 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).
Beginning and Ending Cancellation	☐ I certify that this is a public or private nonprofit child or family service agency.
Mo. Day Yr. Mo. Day Yr.	
Mo. Day 11. Mo. Day 11.	Signature of Certifying Official Date
C. Job Title/Description/Subjects Teaching	
	Title of Certifying Official
	, ,
State Board Date(s) Med Tech/RN Lic. Date(s)	*Note: Altered dates must be initialed by Certifying Official
Received/ Pass Date Must complete for nurse/med tech.	This space for Institutional Seal. If not available, provide official letter of certification.
Mo. Day Yr. Mo. Day Yr. D. Declaration	SEAL
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	For lending institution only:
requested deferment benefits, I will begin repayment of my loan immediately.	☐ Cancellation approved ☐ Deferment approved Principal Cancelled \$
Signature of	Defense (10%, 15%) Request disapproved Interest Cancelled \$
borrower (required) Date	Perkins (15%, 20%, 30%)
E-mail Address	Teaching, Peace Corps, VISTA, Law Enforcement, Head Start, Nurse, Med Tech, Child-Family Service Early Intervention, Military
	Signature Date
	Internal use only: Date Analyst's Initials
Last 3 digits Begin End	Comment
	Year
	Principal cancelled Interest cancelled
.	
	Principal cancelled Interest cancelled
	Principal cancelled Interest cancelled
	Principal cancelled Interest cancelled
	Principal cancelled Interest cancelled Principal cancelled Interest cancelled 9164F (3-07)