

REQUEST FOR PARTIAL CANCELLATION/POSTPONEMENT FEDERAL PERKINS (NATIONAL DEFENSE/DIRECT), STUDENT LOANS

PART I: SECTION A — TO BE COMPLETED BY BORROWER (See Reverse For Instruction)

NAME OF BORROWER (Last, First, Middle, Maiden)	HOME PHONE	WORK PHONE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		SOCIAL SECURITY NO.
<input type="checkbox"/> CHECK HERE IF NAME OR ADDRESS IS NEW		SIGNATURE OF BORROWER
		X

B — PARTIAL CANCELLATION FOR FULL TIME TEACHING LAW ENFORCEMENT OR CORRECTIONS OFFICERS (See Over)

A DETAILED JOB DESCRIPTION MUST ACCOMPANY THIS FORM							
<input type="checkbox"/> I DECLARE that I am/was employed as a full-time teacher in a public or other nonprofit elementary or secondary school in a state, or in an elementary or secondary school overseas for the Armed Forces of the United States, for a complete academic year or its equivalent as stated.							
<input type="checkbox"/> I DECLARE that I am/was employed as a full-time law enforcement or corrections officer providing service to Local, State, or Federal law enforcement or corrections agencies.							
NAME, ADDRESS AND COUNTY OF SCHOOL OR LAW ENFORCEMENT AGENCY WHERE EMPLOYED							
STARTING DATE	MONTH	DAY	YEAR	ENDING DATE	MONTH	DAY	YEAR

C — PARTIAL CANCELLATION FOR PEACE CORP/VISTA (See Over)

<input type="checkbox"/> I DECLARE that I have completed one (1) full year of active service in the Peace Corp/VISTA.		
	FROM (MONTH AND YEAR)	TO (MONTH AND YEAR)

D — POSTPONEMENT FOR FULL TIME TEACHING/LAW ENFORCEMENT OR CORRECTIONS OFFICERS (See Over)

A DETAILED JOB DESCRIPTION MUST ACCOMPANY THIS FORM							
<input type="checkbox"/> I DECLARE that I am/was employed as a full-time teacher in a public or other nonprofit elementary or secondary school in a state, or in an elementary or secondary school overseas for the Armed Forces of the United States, for a complete academic year or its equivalent as stated.							
<input type="checkbox"/> I DECLARE that I am/was employed as a full-time law enforcement or corrections officer providing service to Local, State, or Federal law enforcement or corrections agencies.							
NAME, ADDRESS AND COUNTY OF SCHOOL OR LAW ENFORCEMENT AGENCY WHERE EMPLOYED							
STARTING DATE	MONTH	DAY	YEAR	ENDING DATE	MONTH	DAY	YEAR

PART II: CERTIFICATION OF STATUS

I certify that the information stated in Part I is true and correct.	ADDRESS (CITY, STATE, ZIP CODE)	OFFICIAL SEAL OR STAMP
SIGNATURE OF AUTHORIZED OFFICIAL		
TITLE		
DATE	PHONE #	

PART III: COMPLETE BY THE LENDING INSTITUTION (FOR OFFICE USE ONLY)

<input type="checkbox"/> APPROVED	<input type="checkbox"/> 1st year - 15% <input type="checkbox"/> 2nd year - 15%	PRINCIPAL AMOUNT CANCELLED
<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> 3rd year - 20% <input type="checkbox"/> 4th year - 20% <input type="checkbox"/> 5th year - 30%	\$
		BALANCE AFTER THIS CANCELLATION
		\$
		ACCOUNT POSTPONED UNTIL
		SIGNATURE OF APPROVING OFFICIAL
		DATE

THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE SOCIAL SECURITY NUMBER

BEGINNING AND ENDING DATES (No more than 1 year) COMPLETE CERTIFICATION DETAILED JOB DESCRIPTION