Cornell University
Bursar Services

Request for Student Loan Cancellation/Postponement Form

For Federal Perkins and NDSL ONLY - Please refer to your promissory note for specific eligibility requirements. **Note:** Additional certification may be required with this form.

PART I To Be Completed by the Borrower

Full Name: _____

Social Security Number: _____ **Email:** _____

Mailing Address: _____

Home Phone: (____) _____ **Work Phone:** (____) _____

PART I.1 Type of Request

◉ **Cancellation**	○ **Pre-Cancellation**
Cancellations are granted only for past dates and complete years. The cancellation will cover only through the date certification in PART 1.2. If you expect to be eligible for cancellation again next year, check the pre-cancellation box and fill in expected separation date.	Pre-cancellation postponements are granted only for future dates. A request for cancellation must be completed at the end of the postponement period.

PART I.2 Period of Request - Missing information & altered dates will not be accepted.

Beginning Date: (mm/dd/yy)	**Ending Date:** (mm/dd/yy)	**Anticipated Separation Date:** (mm/yy)
___/___/_____	___/___/_____	___/_____

PART I.3 Reason for Request - Additional certification may be required

This is to certify that I am or was: (check one only)

Teaching full-time in an eligible: (type of school)

- ☐ Elementary School
- ☐ Secondary School
- ☐ Middle School
- ☐ Head Start
- ☐ Shortage Area: Subject taught: _____
- ☐ School for the disabled (Please attach description of students' disabilities)

Providing Service: (type of service)

- ☐ Early Intervention
- ☐ Military combat for at least one year in an area of hostility.
- ☐ Full-time Peace Corps/ VISTA Volunteer.
- ☐ Nurse/Medical Technician (for Federal Perkins only).
- ☐ Provided services to High Risk Families/ Children in low-income communities.
- ☐ Full-time Law Enforcement Employment (Please attach description of exact duties on official letterhead).

Taught/Teaching at this School:

Legal School Name:_____

County:_____

School District:_____

PART I.4 Declaration

I hereby claim that the above information is true and accurate. I agree to notify Cornell UNIVERSITY immediately upon termination of or in change in my claiming status. I further declare that if, for any reason, I am unable to complete a year of service for which I have requested postponement benefits, I will begin repayment of my loan, including postponed payments.

Borrower's Signature: _____ **Date:** ___/____/_____

Note: Cornell procedures may differ from that of other lenders. Please review Part I. This form is incomplete without: Borrower's signature, account number, beginning and ending dates, and complete certification.

PART II To Be Completed by Certifying Official

I certify that the information stated above is correct: _____ (Authorizing Signature) **Date:** ___/____/_____

Print Name: _____

Title: _____

Institution Name: _____

Address: _____

Work Phone: (____) _____ **Status:** ☐ Full-Time

Official Seal or Stamp

IF STAMP OR SEAL IS UNAVAILABLE, PLEASE PROVIDE LETTERHEAD CERTIFICATION

Reset

Return To: Office of the Bursar
Attn: Student Loans, 260 Day Hall, Ithaca NY, 14853-2801
Fax: (607) 255-6442, uco-loans@cornell.edu

Revised: 12-Aug-05
The Division of Financial Affairs