

**FEDERAL PERKINS STUDENT LOANS
REQUEST FOR PARTIAL CANCELLATION OF LOAN FOR TEACHING SERVICES**

Borrower's Name _____	Last 4 digits of SSN <u>XXX-XX-</u> _____
Address _____	PHONE NUMBERS HOME: (____) _____
City _____ State _____ Zip _____ - _____	WORK: (____) _____
E-Mail _____	CELL: (____) _____

Part 1: To be completed by applicant

Place of Employment School: _____ Address: _____ City: _____ State: _____ Zip: _____ School District: _____ County: _____	Type of Agency: <input type="checkbox"/> High Concentration of Students from Low-Income Families <input type="checkbox"/> Teacher of the Handicapped <input type="checkbox"/> Pre-School (Headstart or State Licensed/Regulated) <input type="checkbox"/> School Operated by the Bureau of Indian Affairs <input type="checkbox"/> Elementary or Secondary Public or Nonprofit School
Job Title: _____	Dates of Full-Time Employment (Use exact dates) I began working for this agency on: _____ / _____ / _____ And expect to continue through at least, or left employment on: _____ / _____ / _____ I expect to be employed for another year: Yes: _____ No: _____
Job Description: (Attach Employer's official job description if available.) _____ _____ _____	

*I declare that I am presently employed as described above. I agree that if, for any reason, I DO NOT complete twelve (12) months of employment, I will immediately notify the Student Loans Office.
I further agree to continue to make payments on the loans that do not qualify for this type of partial cancellation.*

Signature of Borrower _____ Date: _____

Part II: To be completed by employing official (e.g. Supervisor or H.R. representative).

I CERTIFY the above statements concerning this employee's full-time employment are true and correct.

Signature of Official: _____	Official Seal or Stamp of Employing School (If not available provide official letterhead.)
Title: _____	
Phone Number: _____	
Date: _____	

Part III: To be completed by University

	Loan #	Principal Cancelled
Cancellation Dates: _____ / _____ to _____ / _____	_____	_____
Postponement Dates: _____ / _____ to _____ / _____	_____	_____
Final Cancellation: Yes: _____ No: _____	EMC Scheduled for: _____ / _____	
_____ DISAPPROVED		
Signature: _____		Date: _____