



# FEDERAL PERKINS LOAN CANCELLATION/DEFERMENT REQUEST

To qualify for the cancellation benefits listed below you must serve full time in an eligible capacity for a complete year (12 months). Upon receipt of your completed form, we will make a preliminary determination of your eligibility for cancellation. If it is determined that you **are not qualified** for cancellation, we will deny your deferment request and payments will be due as billed. If it is determined that you are eligible for cancellation, we will defer payments due during your year of full time service/employment. At the end of your year of service/employment, you must provide documentation of having fulfilled the requirements in order to receive partial cancellation of your loan.

## NOTE:

- A form must be submitted *at the beginning* of your **FULL TIME** year of service/employment to **DEFER** payments while eligible service is performed.
- A form must be submitted *at the end* of your year to receive your partial cancellation.
- If you continue to work for the same employer, you may combine your deferment and cancellation requests onto one form. If you have had multiple employers you must file a separate form for each employer.
- Partial years do not qualify you for cancellation benefits.

## Firefighter

To qualify, you must be employed **full-time** as a fire fighter for service to a Federal, State or Local fire department or fire district. **Eligibility for this benefit begins 08/2008.**

## Medical Technician

To qualify, you must be employed as a **full-time** medical technician *providing health care services*. The borrower must provide health care services *directly* to patients. A Medical Technician is an allied health professional (working in fields such as therapy, dental hygiene, medical technology, or nutrition). **You must be certified, registered, or licensed** by the appropriate State agency in the State in which you provide health care services. You must assist, facilitate, or complement the work of physicians or other specialists in the health care system. **Provide a job description. You must provide a copy of your license.**

## Nurse

To qualify, you must be employed as a licensed, **full-time** practical nurse, registered nurse or other individual who is licensed by the appropriate State agency to provide nursing services. The borrower must provide health care services *directly* to patients. **Provide a job description. You must provide a copy of your license.**

## Cancellation Rate

15% for 1<sup>ST</sup> and 2<sup>ND</sup> year    20% for 3<sup>RD</sup> and 4<sup>TH</sup> year    30% for 5<sup>TH</sup> year  
Maximum cancellation of 100% of original loan

## ● INSTRUCTIONS

1. Fully complete the form. (We will return it to the borrower unprocessed if any information is missing.)
2. You must sign and date the form.
3. Have your form certified by an authorized official of your employer. If your employer does not have an official seal or stamp, then they must submit a letter verifying your full time dates of employment on organization letterhead.
4. If you changed employers during the year, you must submit a form from *each* employer. In addition, there may be NO BREAKS between periods of employment.
5. Include an official job description.
6. Return forms and supporting documentation to:

**The University of Michigan - Student Loan Collections Office**  
**6061 Wolverine Tower • 3003 South State Street • Ann Arbor MI 48109-1287**  
**Phone# (800) 456-0706 • Fax (734) 647-3804 • Email Address: [um-slc@umich.edu](mailto:um-slc@umich.edu)**