

# THE UNIVERSITY OF TENNESSEE AT KNOXVILLE

## REQUEST FOR PARTIAL CANCELLATION FEDERAL PERKINS STUDENT LOAN PROGRAM

Return completed form to:  
The University of Tennessee  
Student Loan Department  
211 Student Services Building  
Knoxville, TN 37996-0225  
(865) 974-4497

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_ Work Phone \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

### To Be Completed by Borrower

***You must provide an official job description from your employer and a copy of your professional license or certificate.***

#### CHECK THE APPROPRIATE CANCELLATION TYPE:

**Full-time** teacher in a public or nonprofit elementary or secondary school serving students from **low-income** families.

Name of School and District \_\_\_\_\_

**Full-time** teacher of **special education** in a public or nonprofit elementary or secondary school.

**Full-time** staff member employed to carry out the educational part of a **Head Start** program.

**Full-time** teacher of Math, Science, Foreign Language, Bilingual Education or Subject Shortage Area.

**Full-time** Nurse/Medical Technician /Allied Health (100%)

**Full-time** Provider of Child and Family Services (Non-Profit)

**Full-time** Provider of Early Intervention Services (Private/Non-Profit)

**Full-time** Law enforcement/corrections (100%)

**Full-time** Peace Corps/Action Volunteer (70%)

**Full-time** Military serving in an area of hostilities (50%)

#### CHECK ONE AND NOTIFY OUR OFFICE IMMEDIATELY IF THIS INFORMATION CHANGES:

My **employment will not change** within the next year

My **employment will change** within the next year.

#### THIS FORM MUST BE SIGNED

I request cancellation of principal and interest for service in accordance with my entitlement under the law and in accordance with regulations and instructions issued by the U.S. Department of Education.

If there is a change in my employment within the next year I will notify the UT Student Loan Department immediately.

Signature of Borrower \_\_\_\_\_ Date \_\_\_\_\_

### To Be Completed By Employer

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date full-time employment began \_\_\_\_\_ Expected termination date \_\_\_\_\_

*I certify that the employment information stated above is true and correct.*

\_\_\_\_\_  
Signature of Human Resources Official/Principal

\_\_\_\_\_  
Official's Title

\_\_\_\_\_  
Date

*This request cannot be processed unless the employer's official seal or stamp is affixed in this section or unless the request is mailed in the employer's official letterhead envelope.*

### To Be Completed By the Student Loan Department

Cancellation Type \_\_\_\_\_ Year \_\_\_\_\_ Percentage Rate \_\_\_\_\_

Amount Canceled Principal \$ \_\_\_\_\_ Total Canceled \$ \_\_\_\_\_

JV# \_\_\_\_\_ Interest \$ \_\_\_\_\_ New Loan Balance \$ \_\_\_\_\_

Deferment/Postponement Type \_\_\_\_\_  Approved from \_\_\_\_\_ to \_\_\_\_\_

Remarks \_\_\_\_\_  Disapproved

The University of Tennessee by \_\_\_\_\_ Date \_\_\_\_\_