


# Federal Perkins Request for Cancellation

(Please refer to your promissory note for specific eligibility requirements.)

**PART I- TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)**

Name:		Last Four Digits of Social Security #:	
Street Address:		Account Number(s):	
City:	State:	Zip Code:	E-Mail Address:
Home Phone #:	Work Phone #:		Driver's License # and State:
 <b>PLEASE CHECK THIS BOX IF NEW ADDRESS</b>			

**CANCELLATION**

BEGINNING (mm/yyyy):	ENDING(mm/yyyy):
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This is to certify that I am or was (check one only):

- Full-time Teacher (check all that apply) School District/County: \_\_\_\_\_ School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_
- Elementary school  Low Income School  Tribal College/University  Shortage Subject Area
- Teach Handicapped Children/Special Education Subject(s) Taught: \_\_\_\_\_
- Indicate type of handicap/special education \_\_\_\_\_ and percentage of handicapped in classroom: \_\_\_\_\_
- Headstart  full-time staff in a pre-kindergarten or child care program licensed or regulated by the State
- Nurse/Medical Technician: (Please provide a copy of License/Certificate). Position: \_\_\_\_\_
- Speech Language Pathologist – Master’s degree working at a low income school
- Child or Family Services.
- Law Enforcement or Corrections Officer. Position: \_\_\_\_\_
- Public Defender
- Firefighter
- Military Service –active duty serving in area of hostility
- Peace Corps/AmeriCorps\*VISTA volunteer—Full-Time
- Early Intervention

**DEFERMENT FOR PRE-CANCELLATION SERVICES**

I expect to be eligible for cancellation for the period \_\_\_\_\_ to \_\_\_\_\_ and request a deferment until I have completed a full year of service at which time I will provide the proper documentation.

**Please attach a full description of exact duties for all cancellation requests**

I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I AGREE TO NOTIFY THE UNIVERSITY OF THE PACIFIC IMMEDIATELY UPON TERMINATION OF MY CLAIMED STATUS.

**X** \_\_\_\_\_ Date  
Borrower’s Signature

**PART II- TO BE COMPLETED BY CERTIFYING OFFICIAL (NOTARY PUBLIC CERTIFICATION NOT ACCEPTABLE)**

I CERTIFY THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

**X** \_\_\_\_\_ Date  
Signature of Authorizing Official and Title

Name and Address of Authorizing Organization  
(Teachers only, include COUNTY and SCHOOL DISTRICT)

**STATUS:**  
 Full-time  
 Part-Time  
 Number of hours worked per week: \_\_\_\_\_  
**DATES OF EMPLOYMENT:**  
 From: \_\_\_\_\_ To: \_\_\_\_\_

PHONE NUMBER: ( )

Place Official Seal or Stamp Here. If no seal or stamp available; please provide employment verification on company letterhead.

**RETURN FORM TO: University of the Pacific • Student Loans Department  
3601 Pacific Avenue • Stockton, CA 95211**

**QUESTIONS: 209-946-2446  
studentloans@pacific.edu**

**PART III- FOR OFFICE USE ONLY**

Cancel Type	Dates of Cancellation	Total Cancelled	Principle Balance	Pre Cancel Defer Dates	Next Due