

CANCELLATION INSTRUCTIONS

Use this form to provide the necessary information for this office to make an informed decision concerning your eligibility for postponement or cancellation. **If you have questions** about what you need to include for documentation, or about this form in general, **contact our office.**

IF YOU DID NOT COMPLETE A YEAR OF ELIGIBLE EMPLOYMENT: Send us verification of your last date of employment. You are eligible for a six-month grace period following your last date of employment.

1. – Fill out your name, address, phone, e-mail address, and social security number at the top of the form.
2. – Put a check mark by the line that you think best fits your employment situation.
3. – If you are a teacher, you must fill out the “TEACHERS ONLY” BOX. If you teach in more than one school, we will need the exact names of all schools and all grades/subjects you teach. Be sure your county is also listed because that is how we must search the database for your school.
4. – In the **CANCELLATION SECTION**: Put in your dates of employment for the last twelve months. For instance, assume today’s date is January 1, 1997. If you started full-time work on January 12, 1996, your cancellation dates would be from 1/12/96 to 1/12/97. OR, if it is now the end of an academic year of teaching and the date is May 18, 1999, you would enter the dates of the academic year 98/99. For example, 8/25/98 to 6/3/99.
5. – In the **POSTPONEMENT SECTION**: Put in your dates of employment for the upcoming twelve months. For instance, if you filled in cancellation dates of 1/12/96 to 1/12/97, your postponement dates will be from 1/12/97 to 1/12/98. Or, on an academic year, if you filled in cancellation dates of 8/25/98 to 6/3/99 your postponement dates will be 8/26/99 to 6/4/2000.
6. – **Sign and date the form.**

BEFORE YOU MAIL YOUR FORM BE SURE:

- 1 -- Your form is certified by an appropriate official.
- 2 – Your form has an official seal or stamp. A return address rubber stamp is acceptable.
- 3 – You have signed your form.
- 4 – Your name and address information is filled out at the top.

You **MUST** include an **OFFICIAL JOB DESCRIPTION** if your employment is:

- ◆ Special Education teacher
- ◆ Provider of early intervention services to infants/ toddlers under the Disabilities Act
- ◆ Law enforcement or corrections officer
- ◆ Provider of services for a child or family service agency
- ◆ Nurse or medical technician

You **MUST** include a copy of your **LICENSE, REGISTRATION, OR CERTIFICATION** if you are:

- ◆ A speech pathologist, audiologist, psychologist, psychiatrist, occupational therapist, or recreational therapist and working for a school system or area agency.
- ◆ A nurse or medical technician.

Incomplete forms will be returned to you, delaying the process.

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REQUEST FOR POSTPONEMENT AND CANCELLATION

NAME	SSN
STREET ADDRESS	
CITY, STATE, ZIP	DAY PHONE:
E-MAIL ADDRESS	HOME PHONE:

INCOMPLETE FORMS WILL BE RETURNED, DELAYING THE PROCESS

For specific information on each cancellation type, read the associated documentation on this website.

- ☐ Head Start.
- ☐ Teacher in a designated low-income school.
- ☐ Teacher of math, science, foreign languages, bilingual education.
- ☐ Teacher in a field of expertise that is designated a shortage area by the state Department of Education in which you work.
- ☐ Special education teacher. **ATTACH AN OFFICIAL JOB DESCRIPTION.**
- ☐ Provider of early intervention services to infants, toddlers, or youth with disabilities.
- ☐ Law enforcement or corrections officer. **ATTACH AN OFFICIAL JOB DESCRIPTION.**
- ☐ Provider or supervisor of services for an eligible child and family service agency to high-risk children from low-income communities and the families of those children. **ATTACH AN OFFICIAL JOB DESCRIPTION.**
- ☐ Nurse or medical technician providing health care services. **ATTACH: official job description, copy of your license, certification, or registration.**
BOARD DATE: _____ LICENSE EXPIRES: _____
- ☐ Peace Corps or ACTION volunteer.
- ☐ Service in US Armed forces, serving under hazardous duty pay. Must be in hazardous duty pay a full year.
- ☐ Total and permanent disability or death of the borrower. **CONTACT OUR OFFICE FOR REQUIRED PAPERWORK.**

TEACHERS MUST COMPLETE THIS SECTION: Grades taught _____ Subjects _____

FULL AND EXACT NAME of your school(s) _____

School district name _____ County _____

SPECIAL EDUCATOIN TEACHERS: Total # of students _____ # with special needs _____ Ages _____

Your job description or letter from an official must state the types of special needs children you work with have.

CERTIFICATION PERIOD:

Cancellation: (for PREVIOUS year) Starting date: _____ Ending date: _____

Postponement: (for THIS or NEXT year): Starting date: _____ Ending date: _____

If, for any reason, I am unable to complete the year of service, I will contact the UNI Perkins Loan department immediately. I declare that the information above is true and correct.

SIGNATURE OF BORROWER: _____ **DATE:** _____

PART 2 - CERTIFICATION BY EMPLOYER

BORROWER'S JOB TITLE: _____

I certify that the borrower is **EMPLOYED FULL TIME** and all information provided is true and correct.

Borrower's FULL-TIME employment started _____. Expected to continue for the next 12 months? **YES** _____ **NO** _____

Signature of authorizing official: _____

Printed name and title of official: _____

Name of employing agency/school: _____

Address of employing agency/school: _____

Phone: _____ Date: _____ **SEAL:** _____

INVALID WITHOUT OFFICAL SEAL, STAMP, OR LETTER—SEE INSTRUCTIONS