



FEDERAL PERKINS STUDENT LOAN

REQUEST FOR CANCELLATION FORM INSTRUCTIONS

- Complete the top section of this form and fill out 'Sections A through D'.
- A certifying official from your place of employment must complete 'Section E.'
- A certified job description on letterhead from the your employer is required, unless you are a teacher. A one-paragraph description is sufficient.
- Email this form to: perkins@wwu.edu

Or mail it to:

SBO Debt Recovery, MS 9003
Western Washington University
516 High Street
Bellingham, WA 98225-9023

Your deferment form must be completed in full or the processing of your deferment may be delayed.

If you have any questions please contact WWU Perkins Specialist at (360) 650-4055.

This space for servicer's use only

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SECTIONS A-E MUST BE COMPLETED FULLY
BORROWER MUST COMPLETE ALL AREAS OUTLINED IN RED AND/OR IN DASHES
Federal Perkins (NDSL) Student Loan - Request for Cancellation

Please print-This section must be filled out completely.

Name, Last 4 of SSN, Account number(s) on billing statement, Address, City, State, Zip, Home Phone, Work Phone, Email Address, Cell Phone, Institution that granted this loan(s)

*****Two forms are required for each year, a Request for Deferment submitted at the beginning of the year and a Request for Cancellation at the end of that year's service.*****

A. Cancellation or Deferment

CHECK BLOCK(S) FOR TYPE OF SERVICE

- Child Care Program*, Middle School, Law Enforcement*, Early Intervention*, Headstart*, High School, Public Defender, Peace Corps/VISTA, Pre-Kindergarten*, Speech/Language Pathologist*, Nurse/Medical Technician*, Military (Combat), Kindergarten, Librarian*, Firefighter, Elementary, Tribal Faculty College/University, Child/Family Service*, Spec. Ed.: Attach a description of your students or clients and the percentage of disabled in the classroom.

Legal Name of School or Employing/Educational Agency

City, State, Zip

B. Employment or Enlistment Period (must be one complete year) Teaching Period (include academic year or equivalent)

Deferment in Anticipation of Cancellation, Cancellation, Beginning and Ending dates (Mo., Day, Yr.)

C. Job Title/Description/Subjects

Original Received/Pass Date, State Board Date(s), Med Tech/RN Lic. Date(s), Must complete for nurse/med tech

D. Declaration

I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan immediately.

Signature of Borrower (required), Date

E. Certification of Employment or Enlistment Period

Name of School, Place of Employment or Service Unit, Address, Phone No., County, School District, City, State, Zip

- I CERTIFY THAT THE BORROWER IS EMPLOYED FULL TIME. I certify that this is a public elementary or secondary school. I certify that this school is operated by the Bureau of Indian Affairs. I certify Peace Corps/VISTA. I certify that this is a private or public nonprofit elementary or secondary school registered by the STATE EDUCATION AGENCY. I certify that this is a public or private nonprofit child or family service agency.

Please check all boxes that apply.

Signature of Certifying Official, Date

Title of Certifying Official

*Note: Altered dates must be initialed by Certifying Official

This space for Institutional Seal. If not available, provide official letter of certification.

SEAL

For lending institution only:

- Cancellation approved, Deferment approved, Principal Cancelled \$, Defense (10%, 15%), Request disapproved, Interest Cancelled \$, Perkins (15%, 20%, 30%)

Signature, Date

Internal use only: Date, Analyst's Initials

Table with columns: Last 3 digits Program No., SEQ No., Type, Begin Year (Mo., Year), End Year (Mo., Year), Comment. Rows include Principal cancelled and Interest cancelled.