

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, Social Security No., Account number(s) on billing statement, Address, City, State, Zip, Home Phone, Work Phone, Email Address, Cell Phone, Institution that granted this loan(s)

You may qualify for partial loan cancellation benefits, regardless of the terms or your promissory note. There are a number of reasons that may qualify you for these benefits. For a complete list of cancellation provisions and the eligibility criteria for each one, please visit our web site at www.mycampusloan.com or you may contact the school that granted your loan.

*****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
*Additional documentation required. Please visit our Web site at www.mycampusloan.com and complete the Official Certification Letter For Cancellation Benefits.

- 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, 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)

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

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 (verification should be attached by certifying official). 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 Mo. Year, End Mo. Year, Comment. Rows include Principal cancelled and Interest cancelled.