

**FEDERAL PERKINS STUDENT LOANS  
REQUEST FOR PARTIAL CANCELLATION OF LOAN FOR  
TEACHING SERVICES**

<b>NAME OF BORROWER</b>	<b>Last Four Digits of SS#</b> XXX - XX -
<b>ADDRESS</b>	<b>PHONE NUMBERS</b> <b>HOME:</b> ( ) _____ <b>WORK:</b> ( ) _____ Ext. _____ <b>CELL:</b> ( ) _____
<b>E-MAIL ADDRESS</b>	

<b>PLACE OF EMPLOYMENT</b> SCHOOL NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ SCHOOL DISTRICT _____ COUNTY _____	<b>DATES OF FULL TIME EMPLOYMENT</b> <i>(use exact dates)</i> <input type="checkbox"/> I began working for this school on: _____ / _____ / _____  I expect to continue through at least, or left employment on: _____ / _____ / _____
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<b>TYPE OF AGENCY</b> <input type="checkbox"/> High Concentration of Students from Low-Income Families <input type="checkbox"/> Teacher of the Handicapped <input type="checkbox"/> Pre-School (Headstart) <input type="checkbox"/> School Operated by the Bureau of Indian Affairs <input type="checkbox"/> Elementary or Secondary Public or Nonprofit School	<input type="checkbox"/> I expect to be employed for another year: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>JOB TITLE</b>

**JOB DESCRIPTION** *(Please include the age of children you are teaching and type of disability if applicable.)*  
(Attach employer's official job description if available.)

***I declare that I am presently employed as described above. I agree that if, for any reason, I DO NOT complete an academic year of employment, I will immediately notify the Student Loan Office. I further agree to continue to make payments on the loans that do not qualify for this type of partial cancellation.***

<b>SIGNATURE OF BORROWER</b>	<b>DATE</b>
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<b>CERTIFICATION BY EMPLOYING SCHOOL</b> (e.g. Supervisor or H.R. representative) I CERTIFY the above statements concerning this employee's <b>full-time</b> employment are true and correct.	<b>OFFICIAL SEAL OR STAMP OF EMPLOYING SCHOOL</b> (If not available provide official letterhead)
<b>SIGNATURE OF OFFICIAL</b> _____ <b>TITLE</b> _____	
<b>PHONE NUMBER</b> _____ <b>DATE</b> _____ ( )	

FOR UNIVERSITY USE ONLY			
Cancellation dates: _____ / _____ to _____ / _____	<b>REFERENCE #</b>	<b>PRINCIPAL</b>	
Postponement dates: _____ / _____ to _____ / _____			
Final Cancellation: Yes _____ No _____			
TCR Scheduled: _____ / _____			
<input type="checkbox"/> <b>DISAPPROVED:</b>			
<b>SIGNATURE</b>	<b>DATE</b>		