FEDERAL PERKINS, NDSL & NSL Request for Cancellation

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

Name:	Social Security #:	15 Digit Account Number(s):
Street Address:	Birthdate:	
City:	State: Zip Code:	
☜☜☜☜ **PLEASE CHECK THIS BOX IF NEW ADDRESS**		
Home Phone #:	Work Phone #:	
Lending Institution:	Date Left Lending Institution:	

CANCELLATION

BEGINNING(mm/dd/yy):	ENDING(mm/dd/yy):

This is to certify that I am or was (check one only): Altered dates will not be accepted.

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

G Teacher - Full-Time (check all that apply). School District:_____ School Name:_____
Please attach a full description of exact duties. Age Group of Students:_____
. . G Elementary School G Low Income School G Higher Education
. . G Headstart G Teach Handicap G Shortage Area
. . G Secondary School G Special Education Subject(s) taught:_____
If teaching handicapped, indicate type of handicapped:_____ and percentage of handicapped in classroom:_____.

G Nurse/Medical Technician (for Federal Perkins only).
. . Position:_____
G Provided Services to High-Risk Children from low-income communities.
G Military Combat for at least one year in an area of hostility.
G Full-Time Law Enforcement Employment. (Please attach a description of your exact duties on official letterhead.)
Position:_____ Employer:_____
G Peace Corps/VISTA volunteer - Full-Time. G Early Intervention

FOR NURSING STUDENT LOANS ONLY:
G Full-Time Professional Nurse
Date Graduated:_____ State Board Date:_____ RN License Number:_____ Date of Issue:_____

DEFERMENT FOR PRE-CANCELLATION SERVICES

G I expect to be eligible for a cancellation for the period of _____ to _____ and request a deferment until such time when I can provide proper documentation for completion of services. The reason for cancellation I expect to receive is: G Teaching G Law Enforcement G Nurse/Med Tech G Armed Forces G Family Services
. . G Peace Corps/Volunteer G Early Intervention

THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE, ACCOUNT NUMBER, BEGINNING AND ENDING DATES, AND COMPLETE CERTIFICATION. I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO NOTIFY THE LENDING INSTITUTION IMMEDIATELY UPON TERMINATION OF MY CLAIMED STATUS.

Borrower's Signature **Date**

X _____ _____

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

I certify that the information stated above is correct.

X _____

Signature of Authorizing Official **Title** **Date**

Name and Address of Authorizing Organization
(Include COUNTY and SCHOOL DISTRICT)

STATUS:
G Full-time
G Part Time

Dates Employed:
(MM/DD/YY)

FROM:
TO:

Official Stamp or Seal

If no stamp or seal is available, please provide letterhead certification.

PHONE NUMBER:( )

RETURN FORM TO: **UNIVERSITY OF MASSACHUSETTS**
STUDENT LOAN OFFICE, 406B GOODELL BUILDING, 140 HICKS WAY
AMHERST, MA 01003-9272

PART III - FOR OFFICE USE ONLY

G Approved G Disapproved Reason:_____

Inst & Dash #	Canc Type	Dates of Canc	Int Rev	NPD	Past Due Amt	Period Due	PP End	Amt PP

PROCESSED BY:_____ **TITLE:**_____ **DATE:**_____