



REQUEST FOR PERKINS LOAN CANCELLATION (for service performed)

Part I - To Be Completed by the Borrower (Complete In Ink)

www.umass.edu/bursar/perkcancell

Name: Student ID or Account #: Address: City: State: Zip: Home phone: Work phone: Cell phone: Email: Date of Birth:

Beginning (mm/dd/yy): Ending (mm/dd/yy):

You may qualify for one of the following partial loan cancellation benefits even if they are not specifically listed in your original promissory notes. Please visit our website for further information or clarification: www.umass.edu/bursar/perkcancell

Full-time Teacher of: Other Service Cancellations (must serve full-time): Service Cancellations available after 8/14/08: Name of School or Employing Agency: County/School District: City State Zip

DEFERMENT FOR PRE-CANCELLATION SERVICES:

I expect to be eligible for cancellation for the period of _____ to _____ and request a deferment until I have completed a full year of service (in the category specified above) at which time I will provide the proper documentation necessary to cancel a portion of my loan.

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

Borrower Signature: Date:

PART II - TO BE COMPLETED BY CERTIFYING OFFICIAL OR REGISTRAR

Name of School/Unit/Employer: Address: Phone: Fax: I certify that the information stated above is correct. Employment Status: Employed From: To: Signature of Certifying Official: Title of Certifying Official: Date: Official Stamp or Seal: INTERNAL USE ONLY: Return completed form to: University of Massachusetts Student Loan Office