REQUEST FOR PARTIAL CANCELLATION/POSTPONEMENT
OF FEDERAL PERKINS LOANS

FOR LOANS RECEIVING CANCELLATION DUE TO ELIGIBLE TEACHING, EARLY INTERVENTION
NURSING/MED TECH, FAMILY SERVICES, LAW ENFORCEMENT, VOLUNTEER SERVICE

ALL sections of this form must be completed. **If any portion is left incomplete or job duty descriptions are not enclosed, your form will be voided and returned to you UNPROCESSED.**

PLEASE NOTE: *A cancellation form must be submitted for each full year of service.*

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

Name	Account No/Social Security Number
Address Check if New ( )	Home/Cell Telephone Number
City State Zip	Work Telephone Number

This is to certify that I was under full-time employment/service in the following area:

❑Full-Time Teacher — School District: _____
School Name: _____

❑Teaching/Qualified Low-Income School

❑Math/Science/Foreign Language Shortage Area ❑Headstart

❑Teaching Special Education/Teach Handicapped

Indicate type of handicapped: _____ **and percentage in classroom** _____ **%**

❑Nursing/Med Tech State Board Date _____ License Number _____

❑Provider of Early Intervention Services ❑Providing Services to high-risk children From low-income communities

❑Law Enforcement/Corrections Officer

❑Peace Corps/Vista/Action ❑Full-Time Volunteer

From _____/_____/_____ To _____/_____/_____ (Current Year Only/Do Not Use Word "Present")

(Altered dates will cause form to be voided.)

TEACHERS WILL NEED TO ATTACH A DESCRIPTION OF THEIR EXACT JOB DUTIES (NOT JOB DESCRIPTION).

NURSES AND MED TECHS WILL NEED TO ATTACH A COPY OF THEIR LICENSE.

DEFERMENT FOR PRE-CANCELLATION SERVICES ***(Next Year's Dates Please...Month/Day/Year)***

I expect to be eligible for a cancellation for the period of _____ to _____ and request a deferment until such time when I can provide documentation for completion of services. I expect to receive cancellation for the reason stated above.

Signature of Borrower	Date

PART II: TO BE COMPLETED BY CERTIFYING OFFICIAL (Ex: Supervisor, Principal)

I certify that the information stated in Part I is true and correct:

SIGNATURE OF AUTHORIZED OFFICIAL TITLE DATE

Name and Address of Employing Agency	Actual Dates of Cancellation	Official Seal
	From _____/_____/_____	(Invalid without official seal, stamp, or letter of certification. If no seal available, include official certification on letterhead.
Phone Number ( )	To _____/_____/_____	
(MUST HAVE COUNTY TO DETERMINE IF SCHOOL IS ELIGIBLE.)	Use Month/Day/Year	
County Public ( ) Private ( ) Non-Profit ( )	**CURRENT YEAR ONLY**	

FOR WHITWORTH UNIVERSITY USE ONLY. DO NOT WRITE BELOW THIS LINE.

Signature of Approving Official Date

Can Type	Yr Can and %	Listed	New Balance	RETURN PROPERLY COMPLETED FORM TO:
				WHITWORTH UNIVERSITY, STUDENT LOAN OFFICE
Begin Date	End Date	Prin Can	Deferred To	300 W HAWTHORNE RD