

REQUEST FOR CANCELLATION - FEDERAL PERKINS LOAN, INSTITUTIONAL LOANS

(Please complete in ink)

Name	Lending Institution	16 Digit Account Number
Address		
Home phone: () Work Phone: () Cell Phone: ()	Dates Requested (mm/dd/yy): Begin Date: _____ End Date: _____	Return Form to: Conuent Education Services Campus Products and Services P.O. Box 7060 Utica, NY 13504-7060
Email:		
Driver's License #/State:	Birthdate:	

You may qualify for one of the following partial loan cancellation benefits, even if they are not specifically listed in your original promissory note. Please visit our website for further information or clarification: www.conduenteducation.com

Full-time Teacher of: <input type="checkbox"/> Elementary/Secondary low-income school determined by the Federal Government <input type="checkbox"/> Special Education for Infants/Toddlers/Youth with Disabilities – classroom must be 100% Special Education Indicate of type of specialty _____ <input type="checkbox"/> Mathematics, Science, Foreign Language, Bilingual Education or state designated shortage area Subject taught: _____ <input type="checkbox"/> Head Start Service Cancellation available after 8/14/08: <input type="checkbox"/> Pre-K staff member service <input type="checkbox"/> Tribal College/University Faculty Name of School or Employing Agency: _____ County/ School District _____ _____ City State Zip	Other Service Cancellations (must serve full-time): <input type="checkbox"/> Criminal Law Enforcement/Corrections Officer <input type="checkbox"/> Nurse/Medical Technician _____ <input type="checkbox"/> Child/Family Services to high-risk children from low-income communities under 21 years of age <input type="checkbox"/> Early Intervention Services (under the age of 3) <input type="checkbox"/> Peace Corps/Volunteer Services <input type="checkbox"/> Military Service (Combat for at least one year in an area of hostility/imminent danger) <input type="checkbox"/> Surviving spouse of eligible public servant - 9/11 attacks Service Cancellations available after 8/14/08: <input type="checkbox"/> Firefighter (Full-time employment) <input type="checkbox"/> Attorney employed in a defender organization <input type="checkbox"/> Librarian serving Title I school Master's degree in Library Science required <input type="checkbox"/> Speech Pathologist in Title I school Master's degree in Speech Pathology required Please include a statement on employer letterhead with full job description/job duties and copy of job license.
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DEFERMENT FOR PRE-CANCELLATION SERVICES

I expect to be eligible for a cancellation for the period _____ to _____ and request a deferment until I have completed _____ (mm/dd/yy) (mm/dd/yy)

a full year of service (in the category specified above) at which time I will provide the proper documentation.

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: _____

CERTIFICATION OF EMPLOYMENT/ENLISTMENT Name of Employer: _____ Address: _____ _____ _____ Phone: () _____ <input type="checkbox"/> I certify that the information stated above is correct. Employment Status : _____ Full Time _____ Less than Full-Time – number of hours per week _____ Employed From: _____ To: _____ (mm/dd/yy) (mm/dd/yy) Signature of Certifying Official: _____ Title of Certifying Official: _____ Date: _____	Official Stamp or Seal If no stamp or seal is available, please provide the following documentation on official letterhead: Name of employee Job title and duties Dates of employment i.e. mm/dd/yy through mm/dd/yy Job Status – Full time or Part time
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