

For Servicer's Use Only

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Federal Perkins (NDSL) Student Loan - Request for Cancellation
SECTIONS A-E MUST BE COMPLETED FULLY

BORROWER MUST COMPLETE ALL AREAS OUTLINED IN RED

This section must be filled out completely. (Please Print)

Account number(s) on billing statement

Name, Address, City, State, Zip, Social Security No., Home Phone, Cell Phone, Work Phone, Email Address, Lending Institution, Return to: Campus Partners P.O. Box 2901 Winston-Salem, NC 27102-2901

You may qualify for partial loan cancellation benefits, regardless of the terms of your promissory note. There are a number of reasons that may qualify you for these benefits.

****Two forms are required for each year, a Request for Deferment submitted at the beginning of the year and a Request for Cancellation at the end of that years' service****

A. Cancellation or Deferment

CHECK BLOCK(S) FOR TYPE OF SERVICE

*Additional documentation required. Please visit our Web site at www.mycampusloan.com and complete the Official Certification Letter For Cancellation Benefits.

- Child Care Program*, Middle School, Law Enforcement*, Early Intervention*, Headstart*, High School, Public Defender, Peace Corps/VISTA, Pre-Kindergarten*, Speech/Language Pathologist*, Nurse/Medical Technician*, Military (Combat), Kindergarten, Librarian*, Firefighter, Tribal Faculty, Child/Family Service*, Elementary, College/University, Spec. Ed.: Attach a description of your students/clients and the % of disabled in the classroom.

Legal Name of School or Employing/Educational Agency

City, State, Zip

B. Employment or Enlistment Period (must be one complete year)

Teaching Period (include academic year or equivalent)

Deferment in Anticipation of Cancellation, Cancellation, Beginning and Ending dates (Mo., Day, Yr.)

C. Job Title/Description/Subjects: (must complete)

Original Received/Pass Date, State Board Date(s), Mo., Day, Yr.

Med Tech/RN Lic. Date(s), Must complete for nurse/med tech, Mo., Day, Yr.

D. Declaration

I declare that the information above is true and accurate. I further declare that I will notify my lender or loan servicer immediately upon change in my status. I understand that if, for any reason, I am unable to complete the term of service for which I have requested deferment benefits, I will begin repayment of my loan, including deferred payments, immediately.

Signature of Borrower (required), Date

E. Certification of Employment or Enlistment Period

Name of School, Place of Employment or Service Unit, Address, Phone No., County, School District, City, State, Zip

- I CERTIFY THAT THE BORROWER IS EMPLOYED FULL TIME. I certify that this is a public elementary or secondary school. I certify that this school is operated by the Bureau of Indian Affairs. I certify Peace Corps/VISTA. I certify that this is a private or public nonprofit elementary or secondary school registered by the STATE EDUCATION AGENCY (verification should be attached by certifying official). I certify that this is a public or private nonprofit child or family service agency.

Signature of Certifying Official, Date

Title of Certifying Official

*Note: Altered dates must be initialed by Certifying Official

This space is for Institutional Seal. If not available, provide official letter of certification.

SEAL

Internal use only: Date, Analyst's Initials:

Comment:

Table with columns: Last 3 digits Program No., SEQ No., Type, Begin Mo., Year, End Mo., Year, Principal cancelled, Interest cancelled. Contains 4 rows of data entry fields.