FEDERAL PERKINS (NDSL) STUDENT LOAN CANCELLATION AND POSTPONEMENT REQUEST

According to your note date, you may qualify for the following postponement or cancellation benefits. FOR ALL FUNDS: * Teaching in a public or nonprofit elementary or secondary school listed by the Secretary of Education as having a high concentration of low-income students in the Federal Register; * teaching in a public or nonprofit school which was registered and recognized by the State Education Agency and * teaching a majority of handicapped children (Prior to 1980-81, the entire class must be handicapped); or * in active duty in the military ( Prior to 7/1/72, funds from 4/13/70 to 6/30/72. On or after 7/1/72 must be in area of hostilities that qualifies for special pay under Section 310 of Title 37 of the U.S. Code ). FOR FUNDS AFTER 6/30/72, if you are: * Full-time educational staff member in Head Start Act ( formerly the Economic Opportunity Act of 1964 ); validation must be attached. FOR FUNDS AFTER 6/30/87, if you are: * in volunteer service in Peace Corps Act or Domestic Volunteer Service Act of (VISTA). FOR FUNDS AFTER 11/28/90, if you are * a law enforcement or corrections officer in an eligible local, state or federal agency which is publicly funded and if its principal activities pertain to crime prevention, control or reduction of enforcement of criminal law, and principal responsibilities are unique to criminal justice system. FOR FUNDS AFTER 7/22/92, if you are: * Teaching in a public school district qualified for funds that year under Title 1 and in which more than 30 percent of the school’s enrollment is Title 1 children; * teaching in a field of expertise such as math, science, foreign languages, bilingual education or other fields where the state education agency determines a shortage of qualified teachers; * have full-time employment for 12 consecutive months as a nurse or medical technician providing health care services; * working full time in a public or private nonprofit child or family service agency for 12 consecutive months providing or supervising services to high-risk children from low-income communities and families of such children; * are a full-time qualified professional provider for 12 consecutive months of early intervention services in a public or other nonprofit program authorized in Sect. 676 (b)(9) of Individuals with Disabilities Education Act, High Risk Children - Early Intervention.

Two forms are required for each year, a postponement request submitted at the beginning of the year and a cancellation request at the end of that year’s service.

*** SECTIONS A – E MUST BE COMPLETED FULLY ***

A. CANCELLATION OR POSTPONEMENT

Check for type of service:

<table>
<thead>
<tr>
<th>Pre-Kindergarten</th>
<th>Middle School</th>
<th>Vocational</th>
<th>Law Enforcement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>High School</td>
<td>Peace Corps</td>
<td>Nurse/Med. Tech</td>
</tr>
<tr>
<td>Elementary</td>
<td>Head Start</td>
<td>VISTA</td>
<td>Child/Fam Serv.</td>
</tr>
</tbody>
</table>

Legal Name of School or Employing Agency

County ____________________________ School District ____________________________

City: __________________ State: __________ Zip: __________________

B. EMPLOYMENT OR ENLISTMENT (must = one year)

- Cancellation beginning date __________________ ending date __________________
- Postponement beginning date __________________ ending date __________________

C. JOB TITLE / DESCRIPTION:

- Handicapped: Attach description of your students & percentage

Must be complete for nurse/med. tech:

Med. Tech/RN Lic. Date: __________________________

D. DECLARATION

I declare that the information shown above is true & accurate. I further declare that I will notify my lender immediately upon change in my status. I further understand that if for any reason, I am unable to complete the year of service for which I have requested postponement benefits, I will begin repayment of my loan, including postponed payments immediately.

SIGNATURE OF BORROWER REQUIRED: __________________________ DATE __________________________

E. Certification of Employment or Enlistment Period

Name of School, Place of Employment, or Service Unit __________________________

Address __________________________

City: __________________ State: __________ Zip: __________________

Telephone #: __________________________

- I certify that this a public elementary or secondary school.
- I certify that this school is operated by the Bureau of Indian Affairs.
- 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 Peace Corps / VISTA.
- I certify that this is a public or private nonprofit child or family service agency.
- I CERTIFY THAT THE BORROWER IS EMPLOYED FULL TIME.

Signature of Certifying Official __________________________ Date __________________________

Title of Certifying Official __________________________

*Note : Altered dates must be initialed by Certifying Official

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