## CAUSE AWARD POSTPONEMENT / CANCELLATION REQUEST

Please Print Name:		Social Security #:
		City:
		Telephone #:
	IF YOU NEED MORE INFORMAT	ION, PLEASE REFER TO YOUR PROMISSORY NOTE
the cancellation requeste qualified deferment perio canceled if you perform s an employee in a not-for-groups (i.e. abused childr will be canceled at the fol the year of qualifying services than six (6) months	d, within a period of five (5) years of yo d), you would be entitled to have up to ervice: (A) As a volunteer in the Peace profit corporation (non-governmental ween, battered wives, disadvantaged elde lowing rates: (A) Twenty percent (20% rice, for the first complete year of qualify of each consecutive year of qualifying on the period does not qualify for cancellar	
***SECTIONS A		E. Certification of Employment or Enlistment
* check for type of service Pre-Kindergarten	e: Peace Corp VISTA	Name of School, place of employment or service unit
Kindergarten Elementary	environmental	Address
Middle School	_ child/family services	City State Zip
High School	other	
Head Start		Telephone #
Vocational		I certify that this a public elementary or secondary school.
		Loortify Peace Corn WISTA
B. Employment or Enlistment (must = 1 yr)		I certify that this is a public or private non-for-profit child or
Postponement	beginning date	family service agency I certify that is non-for-profit environmental agency
Cancellation	ending date beginning date	
	ending date	I certify that the borrower is employed full time
C. Job Title / Description:		Signature of Certifying Official Date
		Title of Certifying Official
		<del></del>
		<del></del>
		School Seal
* Attach supporting docum	entation	
further understand that	nation shown above is true & accurate. If for any reason, I am unable to comp ncluding postponed payment immediat	I further declare that I will notify my lender immediately upon change in my status. I lete the year of service for which I have requested postponement benefits, I will beginely.