FEDERAL PERKINS (NDSL) STUDENT LOAN CANCELLATION AND POSTPONEMENT REQUEST

Please print Name:			Social Security #:	Social Security #:		
Address:			City:			
State:	Zip	Telephone #:				

IF YOU NEED MORE INFORMATION, PLEASE REFER TO YOUR PROMISSORY NOTE

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 publicily 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 ***

	TION OR POSTPO	DNEMENT	E. Certifica	tion of Employment	or Enlistment Period		
Check for type Pre-Kindergarter		Vocational Law Enforcement					
Kindergarten	High School		Name of Sch	Name of School, Place of Employment, or Service Unit			
Elementary	Head Start	VISTA Child/Fam Serv.	Address	Address			
Legal Name of Sci	hool or Employing .	Agency	City	State	Zip		
County		School District					
City	State	Zip	Telephone #	:			
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:			I certify the Affairs. I certify the secondary AGENCY I certify Pee I certify the service age I CERTIF	 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. 			
State Board Date Med. Tech/RN Li	: ic. Date:		Signature of	Certifying Official	Date		
D. DECLARATI			Title of Certi	fying Official			
will notify my lender for any reason, I am	r immediately upon ch unable to complete the	is true & accurate. I further declare that I ange in my status. I further understand that is e year of service for which I have requested the postponed pay-			ed by Certifying Official vailable, provide letter of		

ments immediately.

SIGNATURE OF BORROWER REQUIRED:

_ DATE _

SEAL