

# FEDERAL PERKINS, NDSL & NSL Request for Cancellation

## PART I - TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)

Name:	Social Security #:	15 Digit Account Number(s):
Street Address:	Birthdate:	
City:	State:	Zip Code:
<b>PLEASE CHECK THIS BOX IF NEW ADDRESS</b>		
Home Phone #:	Work Phone #:	
Lending Institution:	Date Left Lending Institution:	

### CANCELLATION

BEGINNING(mm/dd/yy):	ENDING(mm/dd/yy):
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This is to certify that I am or was (check one only):

Altered dates will not be accepted.

**(Please refer to your promissory note for specific eligibility requirements.)**

- Teacher - Full-Time (check all that apply). School District: \_\_\_\_\_ School Name: \_\_\_\_\_  
**Please attach a full description of exact duties.** Age Group of Students: \_\_\_\_\_
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Low Income School | <input type="checkbox"/> Higher Education |
| <input type="checkbox"/> Headstart         | <input type="checkbox"/> Teach Handicap    | <input type="checkbox"/> Shortage Area    |
| <input type="checkbox"/> Secondary School  | <input type="checkbox"/> Special Education | Subject(s) taught: _____                  |
- If teaching handicapped, indicate type of handicapped: \_\_\_\_\_ and percentage of handicapped in classroom: \_\_\_\_\_.
- Purse/Medical Technician (for Federal Perkins only). Position: \_\_\_\_\_
- Full-Time Law Enforcement Employment. (Please attach a description of your exact duties on official letterhead.)
- Provided Services to High-Risk Children from low-income communities. Position: \_\_\_\_\_ Employer: \_\_\_\_\_
- Military Combat for at least one year in an area of hostility.  Peace Corps/VISTA volunteer - Full-Time.  Early Intervention
- FOR NURSING STUDENT LOANS ONLY:**
- Full-Time Professional Nurse  
 Date Graduated: \_\_\_\_\_ State Board Date: \_\_\_\_\_ RN License Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

### DEFERMENT FOR PRE-CANCELLATION SERVICES

- I expect to be eligible for a cancellation for the period of \_\_\_\_\_ to \_\_\_\_\_ and request a deferment until such time when I can provide proper documentation for completion of services. The reason for cancellation I expect to receive is:
- |  |   |   |                                       |  |
|--|---|---|---------------------------------------|--|
| <input type="checkbox"/> Teaching              | <input type="checkbox"/> Law Enforcement    | <input type="checkbox"/> Nurse/Med Tech | <input type="checkbox"/> Armed Forces | <input type="checkbox"/> Family Services |
| <input type="checkbox"/> Peace Corps/Volunteer | <input type="checkbox"/> Early Intervention |   |                                       |  |

**THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE, ACCOUNT NUMBER, BEGINNING AND ENDING DATES, AND COMPLETE CERTIFICATION. I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO NOTIFY THE LENDING INSTITUTION IMMEDIATELY UPON TERMINATION OF MY CLAIMED STATUS.**

Borrower's Signature

**X**

Date

## PART II - TO BE COMPLETED BY CERTIFYING OFFICIAL OR REGISTRAR (NOTARY PUBLIC CERTIFICATION NOT ACCEPTABLE)

I certify that the information stated above is correct.

**X**

Signature of Authorizing Official

Title

Date

Name and Address of Authorizing Organization  
(Include COUNTY and SCHOOL DISTRICT)

STATUS:  
 Full-time  
 Part Time

Dates Employed:  
(MM/DD/YY)

FROM:

TO:

Official Stamp  
or Seal

If no stamp or seal is available, please provide letterhead certification.

PHONE NUMBER:(            )

### RETURN FORM TO:

**AFSA DATA CORPORATION  
 2505 SOUTH FINLEY ROAD STE 100  
 LOMBARD, ILLINOIS 60148-4899**

### PART III - FOR OFFICE USE ONLY

Approved	Disapproved	Reason:	Inst & Dash #	Canc Type	Dates of Canc	Int Rev	NPD	Past Due Amt	Period Due	PP End	Amt PP

PROCESSED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_