

**FEDERAL PERKINS (NDSL) STUDENT LOAN
REQUEST FOR CANCELLATION BENEFIT OR DEFERMENT PRIOR TO CANCELLATION**
For questions, please visit our website www.uaservice.com or call 800-999-6227.

Name:		Account Numbers:
Address:		
		Email Address:
City:		Social Security Number:
State:	Zip Code:	Employment Telephone: ())
<input type="checkbox"/> Check here if this is a new address.		Home Telephone: ())
College or University where loan originated:		Cell Telephone: ())

I. Check box for type of full-time Service or Employment

<input type="checkbox"/> Teaching – Special Education	<input type="checkbox"/> Head Start/Pre-kindergarten/Childcare	<input type="checkbox"/> Early Intervention
<input type="checkbox"/> Teaching – Low Income	<input type="checkbox"/> Military	<input type="checkbox"/> Nurse/Med. Tech
<input type="checkbox"/> Teaching – Math/Science/Bilingual Ed./Other Shortage	<input type="checkbox"/> Bureau of Indian Affairs/Tribal Faculty	<input type="checkbox"/> Law Enforcement/Public Defender
<input type="checkbox"/> Firefighter	<input type="checkbox"/> Peace Corps/VISTA	<input type="checkbox"/> Child/Family Services
	<input type="checkbox"/> Librarian	<input type="checkbox"/> Speech Language Pathologist

Name of **SPECIFIC SCHOOL**/Employing Agency/Hospital: _____

City: _____ State: _____ Zip: _____

County: _____

School District: _____

II. Job Title:

If teaching; provide grade level(s): _____ **(Grade levels K-12)** Subject: _____

THE FOLLOWING JOBS REQUIRE AN OFFICIAL JOB DESCRIPTION: Special Education Teachers, Teachers in Shortage Areas, Head Start/Pre-kindergarten/Childcare, Early Intervention Services, Law Enforcement, Child/Family Services, Medical Technicians.
Nurse, Medical Technicians and Speech Pathologists must provide: State Boards: / / License # _____
(Date Passed)

I. Declaration (Forms must be filed annually):

I request **deferment of payments** (Current or next employment year) **Employment/Service/Enlistment Dates:** Dates must cover one complete calendar year. **For teachers**, dates must cover two consecutive semesters.

Begin / / **End** / /

I hereby apply for a **partial cancellation**. I understand that I may only request this benefit after a full year (or academic year) of employment.

****REQUIRED** Signature of Borrower:** _____ **Date:** _____

I understand that if, for any reason, I do not complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan following my 6-month grace period.

FORMS NOT SIGNED BY THE BORROWER WILL BE RETURNED.

<p>IV. Certification of Employment, Service, or Enlistment Period:</p> <p>Date of Hire: _____ Currently Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO, please indicate Last Day of Employment: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: ()) _____</p> <p>If borrower is a shortage teacher, please specify subject: _____</p> <p>I certify borrower is employed full-time. I further certify that the information provided by the borrower regarding his/her service/employment is true and correct.</p> <p>Signature of Official: _____</p> <p>Title: _____ Date: _____</p>	<p>This space is provided for the organization's <i>official seal or stamp</i>. **If one is not available, provide a letter of certification confirming the borrower's service, employment, or enlistment on official letterhead and include employee's start date and full-time status.</p>
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For Internal Use Only	<input type="checkbox"/> Listed in Federal Register Year Listed _____	<input type="checkbox"/> Not Listed in Federal Register	
Cancelled at	% Code:	End Date:	Letter Sent: 1029 103C 103A 103D 103B 103E
Fund	Principal	Interest	
Fund	Principal	Interest	
Fund	Principal	Interest	
Fund	Principal	Interest	
Deferred From:	To:	# Mos:	Grace Ending Date:
Processed by: _____		Date: _____	
Lending Institution Only: _____			
(Signature of Approving Official) (Date)			

FEDERAL PERKINS (NDSL) STUDENT LOAN CANCELLATION OR DEFERMENT REQUEST

To qualify for the cancellation benefits listed below you must serve in an eligible capacity for a full year (or if teaching, for a complete academic year or two consecutive semesters). While you complete your year of service/employment, you may defer the payments that would come due. Upon receipt of your completed form, we will make a preliminary determination of your eligibility for cancellation. If it is determined that you **will not qualify** for cancellation, we will deny your deferment request and payments will be due as billed. If it is determined that you will be eligible for cancellation, we will suspend billing for payments due during your year of service/employment. At the end of your year of teaching/service/employment, you must provide documentation of having fulfilled the requirements in order to receive partial cancellation of your loan.

NOTE: A form may be submitted at the beginning of the year of service/employment to Defer payments while eligible service is performed. A second form may be submitted upon completion of the year to receive partial Cancellation. All forms must cover a complete year; partial years do not qualify you for cancellation. **Please note: You may use a single form to cover both the benefit year that has passed (cancellation) and may be used to cover the upcoming year of service/employment (deferment). It will depend upon your contract and your employer's ability to certify the form.**

BENEFITS FOR ALL LOANS: You must be employed FULL-TIME to receive these benefits

- Teacher/Librarian/Speech Language Pathologist in a public/ nonprofit elementary/secondary school having a high concentration of students from low-income families. Also, a Librarian* in a public library that serves a geographic area that contains one or more such schools. To qualify as a Librarian or Speech Pathologist*, you must have a master's degree in your field.
- Teaching in an elementary or secondary school operated by the Bureau of Indian Affairs or operated on an Indian reservation by an Indian tribal group under contract with the Bureau or Teaching as Faculty* in a Tribal college or university.
- Teaching a majority of special education (handicapped) children (ages 0-21). Handicapped children include intellectually impaired, hard of hearing, deaf, blind, speech impaired or other health impaired children, or children with specific learning disabilities who by reason thereof require special education and related services. Teaching must occur in a public or other non-profit elementary or secondary school system. Provide a **job description** detailing the **ages** of your students, the **percentage** of your students who are handicapped, and the **percentage** of your **teaching time** spent with handicapped students.
- Teaching mathematics, science, foreign language, bilingual education, or any field of expertise determined by the State education agency to have a shortage of qualified teachers. You must teach that subject full-time.
- Employment as a full-time staff member in a preschool program carried on under the Head Start Act or in a prekindergarten* or child care* program that is licensed or regulated by the State. You must be employed as a full-time, educational staff member. Include a job description.
- Providing of early intervention services to children. You must be employed by a public/nonprofit program under public supervision. The employing agency must be in compliance with Section 676(b)(9) of the Individuals with Disabilities Education Act. Your duties must comply with Section 672(2) of the same Act. Provide a job description detailing your duties, the ages of children served, and the types of services provided.
- Providing or supervising the provision of services to high-risk children (and their families) from low-income communities. You must be employed by a public/nonprofit child/family service agency. High-risk children are those under the age of 21 who are at risk of, or have been, abused or neglected, have serious emotional, mental or behavioral disturbances, reside in placements outside the home, or are involved in the juvenile justice system. Provide a job description.
- On active duty in the U.S. military in an area of hostility.
- Working as a Nurse or Medical Technician providing health care services. To qualify as a Nurse, you must be an LPN, RN, or otherwise licensed by an appropriate State agency to provide nursing services. To qualify as a Medical Technician, you must be certified, registered, or licensed by the governing State agency in the State where you provide service. You must be employed as an allied health professional working in a field such as therapy, dental hygiene, medical technology, or nutrition. You must assist, facilitate, or complement the work of physicians or other specialists in the health care system.
- A volunteer in the Peace Corps or ACTION.
- Employment as a law enforcement officer, corrections officer, or Public Defender*. As a law enforcement/corrections officer, you must be employed by a local, state, or Federal agency whose activities pertain to crime prevention. Your principal duties must support crime prevention, control, or reduction; or the enforcement of criminal law. Activities may include police efforts, criminal court jurisdiction, and corrections, probation or parole authorities. However, agencies and positions whose primary responsibilities are civil, regulatory, administrative, or supportive are not eligible. As a public defender, you must be a full time attorney employed by a defender organization established in accordance with USC Title 18, Sec. 3006A(g)(2).
- Firefighter serving a local, State or Federal fire department or fire district.*

* Eligible employment may begin on or after August 14, 2008. You must complete a full year of service (academic year if working in a school or school system) that begins on or after August 14, 2008. Employment before that date does not qualify for deferment or cancellation.

INSTRUCTIONS

1. Parts I-III must be completed by the borrower. Part IV must be completed by your employer. (We will return it unprocessed if any information is missing.)
2. Indicate your request for Deferment or Cancellation or both.
3. Sign and date the form (**REQUIRED**). If your signature is missing, the form will be returned.
4. Have your employment/service dates and your job duties certified by an official of the appropriate organization. If an official seal or stamp of the organization is not available, your employer/organization must submit verification of your service/employment on organization letterhead.
5. If you changed employers during the year, you must submit a cancellation form from each employer. In addition, there may be NO BREAKS between periods of employment.

1. Return forms and supporting documentation to: **University Accounting Service, LLC.**
P.O. Box 918
Brookfield, WI 53008-0932
800-999-6227