

REQUEST FOR POSTPONEMENT AND CANCELLATION -- ALL PERKINS LOANS

NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS	
CITY, STATE, ZIP	
E-MAIL ADDRESS	PHONE

**BORROWERS MUST COMPLETE SHADED AREAS. EMPLOYERS MUST COMPLETE PART 2.
INCOMPLETE FORMS WILL BE RETURNED TO YOU, DELAYING THE PROCESS**

- Total and permanent disability or death of borrower. Contact our office for required forms.
- Full-time employment in the educational component of a Head Start program.
- Full-time law enforcement or corrections officer. **INCLUDE AN OFFICIAL JOB DESCRIPTION.**
- Full-time teacher in a low-income school designated as eligible by the DOE. The school must be listed as eligible by the DOE. Contact our office to see if your school is eligible.
- Full-time special education teacher including infants, toddlers, and youth, ages 0-21. **INCLUDE AN OFFICIAL JOB DESCRIPTION**, or letter on letterhead from an official verifying your job title, dates of employment, and types of handicaps you work with.
- Full-time teacher of handicapped students ages 3-21 in a public or non-profit elementary or secondary school. **INCLUDE AN OFFICIAL JOB DESCRIPTION**, or letter on letterhead from an official verifying your job title, dates of employment, and types of handicaps you work with.
- Full-time provider of early intervention services in a public or non-profit program under public supervision. Services must be provided by specific professions for those infants and toddlers covered under the American Disabilities Act.
- Full-time teacher of math, science, foreign languages, bilingual education, or any field of expertise that your state DOE has declared as a teacher shortage area **IN YOUR STATE** for that academic year.
- Full-time employee of an eligible child and family service agency as provider or supervisor of the provision of services to high-risk children from low-income communities and their families. Contact our office for requirements of your agency and a definition for high-risk children. **INCLUDE AN OFFICIAL JOB DESCRIPTION.**
- Full-time nurse or medical technician providing health care services. **INCLUDE OFFICIAL JOB DESCRIPTION & copy of license, registration, or certification.** NURSE/MED TECHS: Board date: _____ License expires: _____
- Peace Corps or ACTION programs volunteer.
- Service in US Armed Forces, serving under hazardous duty pay. Must be in hazardous duty pay status a full year
- Bankruptcy. All loans may qualify in some cases. PAPERS FROM COURT ARE REQUIRED.

ALL TEACHERS MUST COMPLETE THIS SECTION:

FULL/EXACT NAME OF SCHOOL(S)) _____ Grade(s) _____ Subject(s) _____
 School DISTRICT NAME _____ COUNTY _____
SPECIAL EDUC TEACHERS: Total # of students _____ # of handicapped students _____ Ages of students: _____
 Types of special needs in your classroom: _____

I hereby apply for postponement or cancellation of my Perkins Loan for one complete year of employment.

CANCELLATION: dates of employment through this year just ending from: _____ to: _____	POSTPONEMENT: dates of employment for upcoming 12 mnths from: _____ to: _____
MM/DD/YY	MM/DD/YY

SIGNATURE OF BORROWER: _____ **DATE:** _____

PART 2: EMPLOYER'S CERTIFICATION	BORROWER'S JOB TITLE:
I certify that the borrower is EMPLOYED FULL TIME for the dates stated, and the description of duties is true and correct.	
Borrower's FULL-TIME employment started _____ . Expected to continue for next 12 months? YES _____ NO _____	
Signature of authorizing official: _____	
Printed name and title of official: _____	
Name of employing agency/school: _____	<div style="border: 2px solid red; padding: 5px;"> <p align="center">OFFICIAL SEAL OR STAMP from your employer, NOT a notary</p> <p align="center">REQUIRED: if no seal or stamp, send verifying letter on letterhead.</p> </div>
Address of employing agency/school: _____	
Phone: _____	Date: _____

UNI OFFICE USE ONLY:

POSTPONEMENT:			CANCELLATION:		
listed:	from:	to:	from:	to:	yr:
year:	type:	code:	type:	code:	percent:
					principal cancelled:
					new balance: