

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:
PLEASE CHECK THIS BOX IF NEW ADDRESS		
Home Phone #:	Work Phone #:	Driver's License # and State:
Lending Institution:	Date Left Lending Institution:	E-mail Address:

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.)

Please attach a full description of exact duties for all cancellation requests

- Teacher—Full-time (check all that apply).
 - School District/County: _____
 - Age Group of Students: _____
 - Elementary School
 - Headstart
 - Secondary School
 - If teaching handicapped, indicate type of handicapped: _____ and percentage of handicapped in classroom: _____
 - Low Income School
 - Teach Handicapped Children/Special Education
- Nurse/Medical Technician (for Federal Perkins only): (Please provide a copy of Nursing License)
 - Position: _____
 - Date Graduated: _____ State Board Date: _____ RN License Number: _____ Date of Issue: _____
- Provide Services only to High-Risk Children from low income communities.
- Military Combat for at least one year in an area of hostility/imminent danger
- Full-Time Professional Nurse
- Full-Time Law Enforcement Employment
 - Position: _____ Employer: _____
- Peace Corps/ACTION volunteer—Full-Time
- Early Intervention (ages 0-2)
- Shortage Area
 - Subject(s) taught: _____

DEFERMENT FOR PRE-CANCELLATION SERVICES

- I expect to be eligible for a cancellation for the period _____ to _____ and request a deferment until such time when I can provide proper documentation for completion of services
- The cancellation I expect to receive is for:
 - Teaching
 - Law Enforcement
 - Nurse/Med Tech
 - Armed Forces
 - Family Services
 - Peace Corps/Volunteer
 - 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.

X

Borrower's Signature _____

Date _____

PART II - TO BE COMPLETED BY CERTIFYING OFFICIAL (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) (for teachers only)

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 RD., SUITE 100
LOMBARD, IL 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	Pre-Canc/Def End Date
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PROCESSED BY: _____
 DPS 12/99

TITLE: _____

DATE: _____