

# FEDERAL PERKINS, NDSL & NSL

# Request for Cancellation

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

Name:	Social Security #:	16 Digit Account Number(s):
Street Address:	Birthdate:	
City:	State:	Zip Code:
<b>PLEASE CHECK THIS BOX IF NEW ADDRESS</b>		
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):
-----------------------	--------------------

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

<input type="checkbox"/> Teacher–Full-time (check all that apply).	School District/County: _____	School Name: _____
	Age Group of Students: _____	Grade Level: _____
<input type="checkbox"/> Elementary school	<input type="checkbox"/> Low Income School	<input type="checkbox"/> Shortage Area
<input type="checkbox"/> Headstart	<input type="checkbox"/> Secondary School	Subject(s) Taught: _____
<input type="checkbox"/> Teach Handicapped Children/Special Education	Indicate type of handicap/special education _____ and percentage of handicapped in classroom: _____	

- Nurse/Medical Technician (for Federal Perkins only); (Please provide a copy of License/Certificate). Position: \_\_\_\_\_
- Provide Social Services only to High-Risk Children from low income communities.
- Full-Time Law Enforcement Employment. Position: \_\_\_\_\_
- Military Combat for at least one year in an area of hostility/imminent danger
- Peace Corps/ACTION volunteer—Full-Time
- Early Intervention (ages 0–2)

### DEFERMENT FOR PRE-CANCELLATION SERVICES

I expect to be eligible for a cancellation for the period \_\_\_\_\_ to \_\_\_\_\_ and request a deferment until I have completed a full year of service at which time I will provide the proper documentation.  
 The cancellation I expect to receive is for:  Teaching  Law Enforcement  Nurse/Med Tech  Armed Forces  Social Service  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  
(for teachers only, include COUNTY and SCHOOL DISTRICT)

**STATUS:**

- Full-time
- Part-Time (If part-time, number of hours worked per week. ) \_\_\_\_\_

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:

**ACS Education Services  
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

**PROCESSED BY:** \_\_\_\_\_  
DPS 6/01

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

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