REQUEST FOR CANCELLATION - FEDERAL PERKINS LOAN

****FOR OT & PT****

www.acs-education.com

(Please complete in ink)

Name	Lending Institution	16 Digit Account Number
Address		
Home phone: ( )	Dates Requested (mm/dd/yy):	Return Form to:
Work Phone: ( )	Begin Date: _____	
Cell Phone: ( )	End Date: _____	ACS Education Services Campus Products and Services P.O. Box 7060 Utica, NY 13504-7060
Email:		
Driver's License #/State:	Birthdate:	

You may qualify for one of the following partial loan cancellation benefits, even if they are not specifically listed in your original promissory note. Please visit our website for further information or clarification: www.acs-education.com

Full-time Teacher of:

- ❒ Elementary/Secondary low-income school determined by the Federal Government
- ❒ Special Education for Infants/Toddlers/Youth with Disabilities – classroom must be 100% Special Education
  Indicate of type of specialty_____
- ❒ Mathematics, Science, Foreign Language, Bilingual Education or state designated shortage area
  Subject taught: _____
- ❒ Head Start

Service Cancellation available after 8/14/08:

- ❒ Pre-K staff member service
- ❒ Tribal College/University Faculty

Name of School or Employing Agency:

_____

County/ School District

_____

City **State** **Zip**

Other Service Cancellations (must serve full-time):

Write in - OT or PT & check appropriate box

- ❒ Criminal Law Enforcement/Corrections Officer
- ❒ Nurse/Medical Technician
- ❒ Child/Family Services to high-risk children from low-income communities
- ❒ Early Intervention Services (under the age of 3)
- ❒ Peace Corps/Volunteer Services
- ❒ Military Service (Combat for at least one year in an area of hostility/imminent danger)
- ❒ Surviving spouse of eligible public servant - 9/11 attacks

Service Cancellations available after 8/14/08:

- ❒ Firefighter (Full-time employment)
- ❒ Attorney employed in a defender organization
- ❒ Librarian serving Title I school
  Master's degree in Library Science required
- ❒ Speech Pathologist in Title I school
  Master's degree in Speech Pathology required

Please include a statement on employer letterhead with full job description/job duties and copy of job license.

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 (in the category specified above) at which time I will provide the proper documentation.

I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon any change in my status. If I am unable to complete the year of service for which I have applied for cancellation or deferment, I will begin loan repayment immediately.

Borrower Signature: _____ **Date:** _____

CERTIFICATION OF EMPLOYMENT/ENLISTMENT

Name of Employer: _____

Address: _____

_____

_____

Phone: ( )_____

❒ I certify that the information stated above is correct.

Employment Status : ____ **Full Time**

____ **Less than Full-Time – number of hours per week**_____

Employed From:_____ **To:**_____

Signature of Certifying Official: _____

Title of Certifying Official: _____

Date: _____

Official Stamp or Seal

(If no stamp or seal is available, please provide supporting documentation on official letterhead)

INTERNAL USE ONLY:

- ❒ Cancellation Approved/Processed
- ❒ Deferment Approved/Processed

Date Processed: _____

Processor: _____

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