

**PRE-CANCELLATION DEFERMENT / CANCELLATION
REQUEST AND VERIFICATION FORM FOR FEDERAL PERKINS STUDENT LOANS**

RETURN TO: USD LOAN ADMINISTRATION, 5998 ALCALA PARK HC204, SAN DIEGO, CA 92110

NAME OF BORROWER:		ACCOUNT NUMBER / SOCIAL SECURITY NUMBER:
ADDRESS (NUMBER, STREET, APT #):		HOME TELEPHONE NUMBER:
PLACE <input checked="" type="checkbox"/> HERE IF THIS IS A NEW ADDRESS	(CITY, STATE, ZIP CODE):	WORK TELEPHONE NUMBER:

*REFER TO YOUR PROMISSORY NOTE(S) FOR SPECIFIC ELIGIBILITY REQUIREMENTS
YOUR JOB DESCRIPTION ON THE EMPLOYER'S OFFICIAL AGENCY/COMPANY LETTERHEAD MUST BE ATTACHED WHEN SUBMITTING COMPLETED FORM*

DEFERMENT FOR PRE-CANCELLATION SERVICES

(MUST RENDER A FULL YEAR OF SERVICE AS A FULL-TIME EMPLOYEE IN ONE OF THE ELIGIBLE FIELDS LISTED BELOW TO BE CONSIDERED FOR FUTURE CANCELLATION)

BEGINNING DATE : (MONTH/DAY/YEAR)	ENDING DATE : (MONTH/DAY/YEAR)
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NAME OF EMPLOYER: _____ DISTRICT: _____ CITY/COUNTY/STATE: _____

- ☐ **TEACHER** - CHECK ALL THAT APPLY AND COMPLETE:
- ☐ ELEMENTARY SCHOOL
 - ☐ SECONDARY SCHOOL
 - ☐ HIGHER EDUCATION
 - ☐ LOW INCOME SCHOOL
 - ☐ SPECIAL EDUCATION - PLEASE SPECIFY _____
 - ☐ TEACH HANDICAPPED - TYPE OF HANDICAP _____ PERCENTAGE OF HANDICAPPED STUDENTS IN CLASS _____
 - ☐ HEADSTART PROGRAM TEACHER
 - ☐ TEACH SHORTAGE AREA - SUBJECT(S) TAUGHT _____
- ☐ **LAW ENFORCEMENT / CORRECTIONS OFFICER** - POSITION TITLE _____
- ☐ **FAMILY SERVICE FOR CHILDREN FROM LOW-INCOME FAMILIES** - POSITION TITLE _____
- ☐ **EARLY INTERVENTION** - POSITION TITLE _____
- ☐ **NURSE / MEDICAL TECHNICIAN** *PHOTOCOPY OF CURRENT LICENSE REQUIRED* - POSITION TITLE _____
- ☐ **MILITARY SERVICE IN AN AREA OF HOSTILITY** - POSITION TITLE _____ AREA OF HOSTILITY _____
- ☐ **PEACE CORPS / VISTA VOLUNTEER** - POSITION TITLE _____

CANCELLATION (BORROWER COMPLETED A FULL YEAR OF SERVICE AS A FULL-TIME EMPLOYEE IN AN ELIGIBLE AREA LISTED BELOW)

BEGINNING DATE : (MONTH/DAY/YEAR)	ENDING DATE : (MONTH/DAY/YEAR)
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NAME OF EMPLOYER: _____ DISTRICT: _____ CITY/COUNTY/STATE: _____

- ☐ **TEACHER** - CHECK ALL THAT APPLY AND COMPLETE:
- ☐ ELEMENTARY SCHOOL
 - ☐ SECONDARY SCHOOL
 - ☐ HIGHER EDUCATION
 - ☐ LOW INCOME SCHOOL
 - ☐ SPECIAL EDUCATION - PLEASE SPECIFY _____
 - ☐ TEACH HANDICAPPED - TYPE OF HANDICAP _____ PERCENTAGE OF HANDICAPPED STUDENTS IN CLASS _____
 - ☐ HEADSTART PROGRAM TEACHER
 - ☐ TEACH SHORTAGE AREA - SUBJECT(S) TAUGHT _____
- ☐ **LAW ENFORCEMENT / CORRECTIONS OFFICER** - POSITION TITLE _____
- ☐ **FAMILY SERVICE FOR CHILDREN FROM LOW-INCOME FAMILIES** - POSITION TITLE _____
- ☐ **EARLY INTERVENTION** - POSITION TITLE _____
- ☐ **NURSE / MEDICAL TECHNICIAN** *PHOTOCOPY OF CURRENT LICENSE REQUIRED* - POSITION TITLE _____
- ☐ **MILITARY SERVICE IN AN AREA OF HOSTILITY** - POSITION TITLE _____ AREA OF HOSTILITY _____
- ☐ **PEACE CORPS / VISTA VOLUNTEER** - POSITION TITLE _____

BORROWER ASSERTS THE ABOVE INFORMATION PROVIDED IS TRUE AND AGREES TO NOTIFY USD LOAN ADMINISTRATION IMMEDIATELY UPON TERMINATION OF THE ABOVE-CLAIMED ELIGIBLE EMPLOYMENT STATUS. BORROWER UNDERSTANDS THAT FAILURE TO COMPLETE THE ENTIRE YEAR OF SERVICE WILL RESULT IN THE REVERSAL OF THE DEFERMENT OR CANCELLATION, AT WHICH TIME ALL PAYMENTS ORIGINALLY COVERED BY SUCH DEFERMENT OR CANCELLATION WILL IMMEDIATELY BE DUE.

BORROWER'S SIGNATURE _____ DATE _____

THIS SECTION MUST BE COMPLETED BY CERTIFYING OFFICIAL (EMPLOYER / PERSONNEL DEPT / PRINCIPAL / OTHER AUTHORITY):
REQUIRED: ATTACH BORROWER'S OFFICIAL JOB DESCRIPTION OR SIGNED VERIFICATION OF TITLE AND JOB DUTIES ON OFFICIAL AGENCY LETTERHEAD

EMPLOYER/AGENCY NAME: _____
ADDRESS: _____
TELEPHONE NUMBER: _____

EMPLOYMENT DATES	
FROM: _____	TO: _____

I CERTIFY THE ABOVE-NAMED BORROWER IS EMPLOYED FULL-TIME IN THE ELIGIBLE FIELD INDICATED ABOVE:

SIGNATURE _____ PRINT NAME & TITLE _____ DATE _____