



Tennessee Tech University

Nurse or Medical Technician Cancellation Form

Please return this form immediately. Incomplete forms will not be accepted.

Name/Address: _____

Mail form To: Tennessee Tech University
Loan Accounting
PO Box 5037
Cookeville, TN 38505

Email Address: _____ Account Number: _____

Day Phone # _____ Evening phone # _____ Cell Phone# _____

Lending Institution Tennessee Technological University OPE # 003523

Section 1 Perkins Cancellation Type

This is to certify that I am requesting cancellation for: **Nurse or Medical Technician**

I hereby apply for cancellation of a portion of my Federal Perkins Loan(s). I am a full-time nurse providing health care services; or a full-time medical technician providing health care services.

This loan will be canceled at the following rates:

15 percent of the original principal loan amount for each of the first and second years

20 percent of the original principal loan amount for each of the third and fourth years

30 percent of the original principal loan amount for the fifth year.

Section 2 Certification Period

Please complete all of the following that applies:

My full year of employment began: _____ and ended: _____

☐ I will also be employed next year.

Section 3 Borrower Signature

I declare that the information above is true and correct. I further declare that I will notify TTU immediately upon any change in my status

Borrower Signature: _____ Date: _____

Section 4 Certification by School/Agency/Institution

I certify that the information stated above is true and correct.

Name of employer _____

Address _____

City _____ State _____ Zip _____ Phone _____

Signature of Authorized Official _____ Date _____

Printed Name and Title _____

****FORM MUST BE STAMPED WITH THE ORGANIZATION'S SEAL OR STAMP OR LETTERHEAD MUST BE SENT STATING THAT NO SEAL OR STAMP IS AVAILABLE****

FOR INSTITUTIONAL USE ONLY

%Canc _____ Amt Canc \$ _____ Official Name _____ Date _____

Official Name _____ Date _____

OFFICIAL
SEAL OR STAMP