

**FEDERAL PERKINS (NDSL) STUDENT LOAN  
REQUEST FOR CANCELLATION OR DEFERMENT PRIOR TO CANCELLATION**

See back for instructions/ explanations.

Name:	UM-ID or Social Security #:		
Address:	Home Phone:		
	Work Phone:		
City:	Cell Phone:		
State:	Zip:	Check if New Address:	E-Mail address

**THIS CERTIFIES THAT I AM EMPLOYED FULL TIME AS:**

<input type="checkbox"/> Military	<input type="checkbox"/> Nurse
<input type="checkbox"/> Peace Corp/Vista	<input type="checkbox"/> Medical Technician
<input type="checkbox"/> Law Enforcement/Correctional Officer	Nurses/Medical Technicians must provide Board Date & License #
<input type="checkbox"/> Early Intervention Services	State Board Date _____
<input type="checkbox"/> Employee Child/Family Service Agency	License # _____

JOB TITLE \_\_\_\_\_  You must attach an official job description

**Certification Period**

Please complete all of the following that applies:

Postponement (for THIS or NEXT year) - Starting date \_\_\_\_\_ Ending date \_\_\_\_\_

Cancellation (for PREVIOUS year) - Starting date \_\_\_\_\_ Ending date \_\_\_\_\_

**Borrower Signature**

I declare that the information above is true and correct. I further declare that I will notify The University of Michigan immediately upon any change in my status. I understand that if, for any reason, I do not complete the YEAR of service I will begin repayment of my loan immediately.

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

**\* CERTIFICATION OF EMPLOYMENT/ SERVICE (to be completed by employer or appropriate official)**

I certify that he/she is employed/serving as stated above, and duties meet the criteria as described on the reverse side.

Name & Address of Employer	Signature of Authorized Official	<i>Official Seal or Stamp of Organization if none, a letter of certification on agency letterhead is required.</i>
	Title	
	Date                      Phone Number	

**FOR INTERNAL USE ONLY**

Deferred: From \_\_\_\_\_ To \_\_\_\_\_ #mos \_\_\_\_\_                      Processed By \_\_\_\_\_ Date \_\_\_\_\_

Cancelled at \_\_\_\_\_ % Type: \_\_\_\_\_ End Date \_\_\_\_\_

Loan \_\_\_\_\_ Principal Cancelled \_\_\_\_\_ Balance \_\_\_\_\_

Loan \_\_\_\_\_ Principal Cancelled \_\_\_\_\_ Balance \_\_\_\_\_

Loan \_\_\_\_\_ Principal Cancelled \_\_\_\_\_ Balance \_\_\_\_\_

\_\_\_\_\_  
Signature of U/M Official      Date

## FEDERAL PERKINS (NDSL) STUDENT LOAN CANCELLATION OR DEFERMENT REQUEST

To qualify for the cancellation benefits listed below you must serve in an eligible capacity, full time, for a full year. While you complete your year of service/employment, you should defer the payments that would come due. Upon receipt of your completed form, we will make a preliminary determination of your eligibility for cancellation. If it is determined that you **will not qualify** for cancellation, we will deny your deferment request and payments will be due as billed. If it is determined that you will be eligible for cancellation, we will suspend billing for payments due during your year of full time service/employment. At the end of your year of service/employment, you must provide documentation of having fulfilled the requirements in order to receive partial cancellation of your loan.

**NOTE: A form must be submitted at the beginning of the year of service/employment to DEFER payments while eligible service is performed. A form must be submitted upon completion of the year to receive your partial Cancellation.** All forms must cover a complete year as a full time employee, partial years do not qualify you for cancellation benefits.

### **BENEFITS FOR ALL LOANS:**

#### **Military**

To qualify, you must serve active duty for 12 consecutive months in the U.S. military in an area of hostility and be receiving combat pay.

#### **Peace Corps/VISTA:**

To qualify, you must serve full-time for one complete year with Peace Corps or ACTION.

#### **Law Enforcement**

To qualify, you must be employed full-time in a local, state, or federal agency whose activities pertain to crime prevention. Primary responsibility is crime prevention, control, reduction or enforcement of criminal law. Activities include police efforts, criminal court jurisdiction, corrections, probation, or parole authorities. Agencies and positions whose primary responsibilities are civil, regulatory, administrative, or support are not eligible. **Provide a job description.**

#### **Early Intervention**

To qualify, you must be employed full-time as a provider in a public/non-profit program under public supervision. Providing services to children ages birth to age two. The employing agency must be in compliance with Section 676(b)(9) of the Individuals with Disabilities Education Act. Your duties must comply with Section 672(2) of the same Act. **Provide a job description detailing your duties, the ages of children served, and the types of services provided.**

#### **Child/Family Services**

To qualify, you must be employed full-time in a public or private non-profit child or family service agency. Providing or supervising the provision of services **only** to high-risk children from low-income communities. You may also be providing services to adults, but these adults must be members of the families of the children for whom services are provided. The services provided to adults must be secondary to the services provided to the high-risk children. High-risk children are those under the age of 21 who are at risk of, or have been, abused or neglected, have serious emotional, mental or behavioral disturbances, reside in placement outside the home, or are involved in the juvenile justice system. The Department of Education has determined that an elementary or secondary school system or a hospital is **not** an eligible employing agency. **Provide a job description.**

#### **Nurse**

To qualify, you must be employed as a full-time licensed practical nurse, a registered nurse, or an individual who is licensed by the state agency to provide nursing services.

#### **Medical Technician**

To qualify, you must be employed full-time as an allied health professional, working in a field such as therapy, dental hygiene, medical technology, or nutrition. You must assist, facilitate, or complement the work of physicians or other specialists in the health care system. You must be certified, registered, or licensed by the state agency within the state where you provide this service. **Provide a job description.**

#### **• INSTRUCTIONS**

1. Fully complete the form. (We will return it unprocessed if any information is missing.)
2. Indicate your request for Deferment and/or Cancellation.
3. You must sign and date the form.
4. Have your form certified by an authorized official of your employer. If your employer does not have an official seal or stamp, then they must submit verification of your service/employment on organization letterhead.
5. If you changed employers during the year, you must submit a cancellation form from each employer. In addition, there may be NO BREAKS between periods of employment.
6. Include an official job description.
7. Return forms and supporting documentation to:

**The University of Michigan**  
**Student Loans and Collections Office**  
**6061 Wolverine Tower •3003 S. State Street•Ann Arbor, MI 48109-1287**  
**(800) 456-0706 Fax (734) 647-3804**