

**FEDERAL PERKINS LOAN
REQUEST FOR CANCELLATION**

Name _____
Address _____
City, State, Zip code _____
Day Telephone _____
Other Telephone _____
Account Number _____
Email _____

Mail Form to: San Diego State University
C/O ECSI
181 Montour Run Rd
Coraopolis PA 15108

Borrower: Please complete sections 1, 2, 3, and have your employer complete sections 4 and 5. Please return this form within the next ten (10) days to claim exemption of payment and eliminate past due notice. This form will be returned if it is incomplete.

Section 1-Borrower **CANCELLATION TYPE**

This is to certify that I am employed full-time as a:

- _____ Teacher
- _____ Teacher in school serving students from Low-Income families, as designated in the 'Federal Register'
- _____ Teacher of Special Education of toddlers, children, or youth with disabilities
- _____ Teacher in a Field of Expertise, such as math, science, foreign languages, or bilingual education
- _____ Nurse or Medical Technician
- _____ Child or Family Services - providing or supervising the provision of services to high risk children from low-income communities and families of such children
- _____ Qualified professional provider of Early Intervention Services in a public or other nonprofit program under public supervision.
- _____ Full-time staff member performing qualified service under the Head Start Act
- _____ Law Enforcement or Corrections Officer for an eligible local, state or federal agency
- _____ Military Service - cancellation up to 50% for service in an area of hostilities or of imminent danger
- _____ Volunteer Service - Peace Corps volunteer or volunteer under the Domestic Service Act

Section 2-Borrower **CERTIFICATION PERIOD**

Please complete all that apply:

Deferment (for this or next year)	Starting Date _____	Ending Date _____
Cancellation (for previous year)	Starting Date _____	Ending Date _____

If for any reason I am unable to complete the year of service, I will begin repayment of my loan, including, all postponed current and past due payments immediately.

Section 3-Borrower **BORROWER SIGNATURE**

I declare that the information above is true and correct. I further declare that I will notify my lender or Educational Computer Systems, Inc., immediately upon any change in my status.

Signature of Borrower _____ Date _____

Section 4 -Employer **CANCELLATION VERIFICATION**

Please verify that the above named employee qualifies for the cancellation type listed above by completing the corresponding cancellation verification in this section. Please be advised that the employee must meet all criteria listed under the cancellation type identified below to be eligible for the cancellation benefit.

Teacher Cancellation (Low-Income, Special Education, or Field of Expertise) (Federal Register/Vol.52, No. 230/Dec. 1, 1987/Sect. 674.55)

- _____ 1. He/She is a full-time teacher and accrues the same benefits as teachers who are licensed and/or certified.
- _____ 2. A Teacher is "A person who provides students direct classroom teaching, classroom-type teaching in a non-classroom setting, or educational services directly related to classroom teaching (e.g. school librarian, guidance counselor).
- _____ 3. Is considered a full-time professional for the purposes of salary, tenure, and retirement benefits.
- _____ 4. "The borrower must teach full time for a full academic year or its equivalent. There is no requirement that a teacher must teach a given number of hours a day in order to qualify as a full-time teacher: the employing school is responsible for determining whether or not the individual is considered to be a full-time teacher. An academic year or its equivalent for teacher cancellation purposes is defined as one complete school year or two half years that are: From different school years, excluding summer sessions, complete, consecutive, and generally fall within a 12-month period."

PLEASE SEE REVERSE SIDE

Nurse or Medical Technician Cancellation (Federal Register/Vol. 59, No. 229/Nov. 30, 1994/Sec. 674.51 & 674.56)

- _____ 1. He/She is or will be a full-time employee of this institution/facility for the twelve consecutive month period as a:
- _____ 2. _____ a. **Nurse** – “A licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate State agency to provide nursing services.”
- _____ b. **Medical Technician** – “An allied health professional (working in fields such as therapy, dental hygiene, medical technology or nutrition) who is certified, registered, or licensed by the appropriate State agency in the State in which he or she provides health care services and assists, facilitates, or complements the work of physicians and other specialists in the health care system.”
- _____ 3. The employee provides these services in the job capacity of _____.
- _____ 4. State Board Dates(s): _____ Med/RN License date(s): _____

Child or Family Services Cancellation (Federal Register/Vol. 59, No. 229/Nov. 30, 1994/Sec. 674.56)

- _____ 1. This organization is a public or private nonprofit child or family agency.
- _____ 2. The employee is full-time for 12 consecutive months and is “providing, or supervising the provision of, services to high-risk children and their families who are from low-income communities.” Low-income communities are those “in which there is a high concentration of children eligible to be counted under Title I of the Elementary and secondary Education Act of 1965, as amended.”
- _____ 3. The high-risk children served are individuals from the ages of 3 to 21, inclusive, who “are low-income or at risk of abuse or neglect, have been abused or neglected, have serious emotional, mental or behavioral disturbances, reside in placements outside their homes, or are involved in the juvenile justice system.”
- _____ 4. The employee’s job title is _____. Attach documentation of his/her duties.

Early Intervention Cancellation (Federal Register/Vol.59, No. 229/Nov. 30, 1994/Sec. 674.56)

- _____ 1. This is a “public or other non-profit program under public supervision by the lead agency as authorized in section 676 (b)(9) of the Individuals With Disabilities Education Act.”
- _____ 2. The employee listed below is/or will be, a full-time employee of this agency for the “12 consecutive month period” specified below. He/she is a “qualified professional provider of early intervention services as defined in section 672(2) of the Individuals With Disabilities Education Act.” These include: “speech and language pathology and audiology; physical therapy; occupational therapy; psychological and counseling services; or recreational therapy.”
- _____ 3. The employee provides services to infants and toddlers with disabilities (from birth to 2, inclusive) in the job capacity of _____.

Head Start Cancellation (Federal Register/Vol.52, No. 230/Dec. 1, 1987/Sec. 674.55)

- _____ 1. The “Head Start” is “a preschool program carried out under the Head Start Act (Subchapter B, Chapter 8 of Title VI of pub. L. 97-35, the Budget Reconciliation Act of 1981, as amended; formerly authorized under Section 222(a)(1) of the Economic Opportunity Act of 1964). (42 U.S.C. 2809(a)(1)).”
- _____ 2. “The program operates for a complete academic year or its equivalent, and”
- _____ 3. The employee’s “salary does not exceed the salary of a comparable employee working in the local educational agency of the area served by the local Head Start Program.”
- _____ 4. The employee is considered a “full-time staff member regularly employed in a full-time professional capacity to carry out the educational part of a Head Start Program.”

Law Enforcement or Corrections Officer Cancellation (Federal Register/Vol. 59, No.229/Nov.30, 1994/Sec. 674.57)

- _____ 1. This is a “local, State or Federal law enforcement or corrections agency that is public-funded; and the principal activities pertain to crime prevention, control, or reduction or the enforcement of the criminal law.”
- _____ 2. This agency is “not primarily responsible for the enforcement of civil, regulatory, or administrative laws.”
- _____ 3. The employee listed below is/or will be, full-time employee of this agency for the “12 consecutive month period” specified below and during that time “has been a sworn law enforcement or corrections officer or person whose principal responsibilities are unique to the criminal justice system and are essential in the performance of the agency’s primary mission.” This employee’s official responsibilities are not administrative or supportive,” such as those that involve typing, filing, accounting, office procedures, purchasing, stock control, food services, or building, equipment or ground maintenance. If necessary, I am able to provide documentation on the employee’s job responsibilities.

Military Cancellation (Federal Register/Vol.5, No. 34/Sec. 674.59)

- _____ 1. Served in the armed forces (that is, the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard), the National Guard, or the Reserves.
- _____ 2. This service was performed in an area of hostilities or an area of imminent danger that qualifies for special pay under Section 310 of Title 37 of the U.S. Code.
- _____ 3. The employee listed below served as full-time active duty for the “12 consecutive month period” specified below, and completed the year of service.

Volunteer Service Cancellation (Non-Profit Organization)

- _____ 1. The organization named below is exempt from taxation under Section 501 (c) (3) of the Internal Revenue Code of 1954. (Number _____)
- _____ 2. The person named below volunteers for this organization, and he/she serves low-income persons and their communities by assisting them in eliminating poverty and poverty-related human, social, and environmental conditions.
- _____ 3. The volunteer named below does not receive compensation exceeding that received by a full-time volunteer in the Peace Corps or ACTION program. (This compensation includes allowance for subsistence, necessary travel expenses, and stipends.)
- _____ 4. The borrower, as part of his or her duties, does not give religious instruction, conduct worship services, engage in religious proselytizing or engage in fundraising to support religious activities.
- _____ 5. The volunteer named below has agreed to serve on a full-time basis for a term of at least one year (verify service period): from _____ to _____.

Section 5 – Employer CERTIFICATION BY EMPLOYER

Employee Name	Employee Job Title	Employee Social Security Number
Employee 12-Month Period of Qualifying Employment	Employer/Agency Name	Address
City, State, Zip code	County	Telephone Number
Description of Exact Job Duties (attach sheet if necessary)		
I certify that the information stated above is true and correct.		
Signature of Authorized/Certifying Official	Date	
Print Name of Authorized Official	Phone Number	

Invalid without Official Seal, Stamp, or Letterhead Verification



For Institutional Use Only: Approved _____ Disapproved _____ Official Name _____ Date _____