

NDSL /PERKINS/ FEDERAL PERKINS STUDENT LOAN PROGRAM

Request for Partial Cancellation

To Cover: _____ to _____

Part I - General Information (to be completed by borrower)

Name of Borrower		PSU ID #		
Address (Street Name and Number) Apt.#		Lending Institution: The Pennsylvania State University Office of Student Loans & Scholarships 108 Shields Building University Park, PA 16802-1225 Telephone: (814) 865-0461 Fax: (814) 865-6535 E-Mail: studentloans@psu.edu		
City	State			Zip Code
Phone Number Area Code ()				
INSTRUCTIONS: After completing each <u>calendar year</u> , the borrower should forward this form to the address given above. After final action, the lending institution will return a copy to the borrower. <p style="text-align:center">** MUST BE A COMPLETE CALENDAR YEAR **</p>				
This is to certify that I am (was)		From (month/year)	To (month/year)	
<input type="checkbox"/> FACULTY OF TRIBAL COLLEGE/UNIVERSITY: Borrower is eligible for cancellation if he/she is a full-time faculty member at a Tribal College or University.				
<input type="checkbox"/> LIBRARIAN - LOW-INCOME SCHOOL/PUBLIC LIBRARY LOW-INCOME SCHOOLS: Borrower is eligible for cancellation if he/she has a master's degree in library science and is employed in an elementary school or secondary school that is eligible for assistance under part A of title I of the Elementary and Secondary Education Act of 1965; or a public library that serves a geographic area that contains one or more schools eligible for assistance under part A of title I of the Elementary and Secondary Education Act of 1965; or H. R. 4137—192.				
<input type="checkbox"/> SPEECH LANGUAGE PATHOLOGIST: Borrower is eligible for cancellation if he /she has a masters degree and is working exclusively with schools that are eligible for assistance under title I of the Elementary and Secondary Education Act of 1965.				
Signature of Borrower			Date	

Part II - Certification

I certify that the information stated in Part I above is true and correct. The person named above is/ has been participating/classified as:	
<input type="checkbox"/> FACULTY OF TRIBAL COLLEGE/UNIVERSITY: Completed by supervisor <input type="checkbox"/> LIBRARIAN - LOW-INCOME SCHOOL/PUBLIC LIBRARY LOW-INCOME SCHOOLS: Completed by supervisor <input type="checkbox"/> SPEECH LANGUAGE PATHOLOGIST: Completed by supervisor	
Signature of Official	Date
Name of Organization	Official Seal or Stamp
Address (Street, City, State, Zip Code)	Phone Number:

Part III - PSU Use Only

APPROVED AT:		DISAPPROVED: <input type="checkbox"/>	
<input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 30%		Reason:	
Loan Principal Canceled \$	Interest Canceled \$	Total Amount Canceled \$	Balance due after this transaction \$
Signature of Approving Official		Title	Date