

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	SSN	
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 Questions: https://www.studentloans.psu.edu/question.cfm		
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. ** MUST BE A COMPLETE CALENDAR YEAR **				
This is to certify that I am (was)		From (month/year)	To (month/year)	
<input type="checkbox"/>	CHILD/FAMILY SERVICE AGENCY: Borrower is eligible for cancellation if he/she is a full time employee of an eligible public or private non-profit child or family service agency.			
<input type="checkbox"/>	EARLY INTERVENTION: Borrower is eligible for cancellation if he/she is a full time employee at a qualified professional provider of early intervention services in a public or other nonprofit program under public supervision.			
<input type="checkbox"/>	TEACHER OF SPECIAL EDUCATION: Borrower is eligible for cancellation if he/she is a full time special education teacher, including teacher of infants, toddlers, children or youth with disabilities, in a public or other nonprofit elementary or secondary school.			
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"/>	CHILD OR FAMILY SERVICES AGENCY: Completed by supervisor
<input type="checkbox"/>	EARLY INTERVENTION: Completed by supervisor
<input type="checkbox"/>	TEACHER OF SPECIAL EDUCATION: 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: <input type="checkbox"/> 12.50% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 30%		DISAPPROVED: <input type="checkbox"/>	
		Reason:	
Loan Principal Canceled \$	Interest Canceled \$	Total Amount Canceled \$	Balance due after this transaction \$
Signature of Approving Official		Title	Date