

**REQUEST FOR PARTIAL CANCELLATION
FOR SERVICE/EMPLOYMENT**

**NATIONAL DEFENSE/NATIONAL DIRECT/
FEDERAL PERKINS STUDENT LOAN PROGRAM**

FOR CANCELLATION. FILE THIS FORM AT THE COMPLETION OF YOUR YEAR OF EMPLOYMENT.
INSTRUCTIONS ON BACK OF THIS FORM. PLEASE PRINT IN INK OR TYPE.

PART I - GENERAL INFORMATION - SERVICE/EMPLOYMENT INFORMATION (To be completed by the borrower)

NAME OF BORROWER		ACCOUNT NUMBER(S)	
STREET (BILLING ADDRESS)			
CITY, STATE, ZIP		SOCIAL SECURITY NUMBER	
PHONE NUMBER Area Code ()	<input type="checkbox"/> Check if new address	NAME OF LENDING INSTITUTION (College/University from which loan originated) Emory University	DATE LEFT

This form must be filed in lieu of payment if you are providing a service or employed as detailed below and wish to claim entitlement of such loan at the end of a complete year. **CHECK APPROPRIATE BOX TO INDICATE TYPE OF SERVICE/EMPLOYMENT - REFER TO REVERSE SIDE OF FORM FOR FURTHER ELIGIBILITY CRITERIA**

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| <input type="checkbox"/> Military - All disbursements to date. | <input type="checkbox"/> Nurse - Disbursements on and after 7/23/92 to date.
State Board Date _____
RN or LPN License # _____ |
| <input type="checkbox"/> Peace Corp/Vista - First time borrowers with disbursements on and after 7/1/87 to date. | <input type="checkbox"/> Medical Technician providing health care -
Disbursements on and after 7/23/92 to date.
Attach official job description.
State Board Date _____
License # _____ |
| <input type="checkbox"/> Law Enforcement/Correctional Officer - Disbursements on and after 11/29/90 to date. Attach official job description. | |
| <input type="checkbox"/> Qualified Professional Provider of Early Intervention Service - Disbursements on and after 7/23/92 to date. Attach official job description. | |
| <input type="checkbox"/> Employee of Child or Family Service Agency
Disbursements on and after 7/23/92 to date. Attach official job description. | |

I hereby apply for a partial cancellation of my NDSL/Federal Perkins Loan in the appropriate amount of principal and interest for one complete year of service/employment as described above.

YEAR STARTING (MONTH-DAY-YEAR)	YEAR ENDING (MONTH-DATE-YEAR)	SIGNATURE OF BORROWER	DATE
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PART II - CERTIFICATION OF SERVICE/EMPLOYMENT (To be completed by employer or appropriate official)

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

NAME OF APPLICANT	SIGNATURE OF AUTHORIZED OFFICIAL	OFFICIAL SEAL OR STAMP OF SERVICE/EMPLOYING AGENCY (If none, a letter of certification on agency letterhead is required.)
POSITION/TITLE OF APPLICANT	TITLE	
NAME AND ADDRESS OF EMPLOYING AGENCY	DATE PHONE NUMBER Area Code ()	

PART III - EMORY UNIVERSITY USE ONLY

<input type="checkbox"/> NATIONAL DEFENSE LOAN <input type="checkbox"/> NATIONAL DIRECT/FEDERAL PERKINS LOAN Approved at _____ % Rate					
Fund	Date	Principal Canceled	Code	Interest Canceled	Principal Balance After This Transaction
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FORM PROCESSED BY:

PART IV - LENDING INSTITUTION ACTION

SIGNATURE OF APPROVING OFFICIAL	TITLE	DATE
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