

**REQUEST FOR PARTIAL CANCELLATION  
OF LOAN FOR TEACHING SERVICE**

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

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

**PART I - GENERAL INFORMATION - TEACHER INFORMATION (To be completed by the borrower)**

It is the Borrower's responsibility to notify Emory University of changes in address.					
NAME OF BORROWER			ACCOUNT NUMBER(S)		
STREET (BILLING ADDRESS)			SOCIAL SECURITY NUMBER		
CITY, STATE, ZIP			NAME OF LENDING INSTITUTION DATE LEFT (College/University from which loan originated)		
PHONE NUMBER			<b>Emory University</b>		
EXACT NAME OF SCHOOL WHERE EMPLOYED			POSITION/JOB TITLE		
CITY, STATE, ZIP			SCHOOL DISTRICT & COUNTY		
CHECK APPROPRIATE BOXES TYPE:	ELEMENTARY SCHOOL	SECONDARY SCHOOL	INSTITUTE HIGHER ED	HEAD START	TEACHERS OF THE HANDICAPPED/SPECIAL EDUCATION MUST ATTACH AN OFFICIAL JOB DESCRIPTION FOR EACH YEAR OF EMPLOYMENT AND COMPLETE THE FOLLOWING: AGES OF STUDENTS _____ % OF HANDICAPPED STUDENTS _____ % OF TEACHING TIME SPENT WITH HANDICAPPED _____ I certify that the majority of my students are handicapped children as specified below: <input type="checkbox"/> mentally retarded <input type="checkbox"/> seriously emotionally disturbed <input type="checkbox"/> hard of hearing or deaf <input type="checkbox"/> orthopedically impaired <input type="checkbox"/> speech impaired <input type="checkbox"/> other health impairment specify _____ <input type="checkbox"/> visually handicapped <input type="checkbox"/> specific learning disability
Public (Chapter I/Low Income)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-profit (Chapter I /Low Income)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bureau of Indian Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Math, Science, Foreign & Bilingual Language/Other Shortage fields by state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teacher of the Handicapped/Special Education (complete box to the right)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I DECLARE that I was employed as a full time teacher in a public or other nonprofit elementary or secondary school or institution of higher education in a state, or in an elementary or secondary school overseas of the Armed Forces of the United States, for a complete academic year or its equivalent as stated. I request cancellation of the appropriate amount of principal and interest for such service in accordance with my entitlement under the law and in accordance with regulations and instructions issued by the U.S. Commissioner of Education.					
ACADEMIC YEAR STARTING  (MONTH-DAY-YEAR)		ACADEMIC YEAR ENDING  (MONTH-DAY-YEAR)		SIGNATURE OF BORROWER DATE	

**PART II - CERTIFICATION (To be completed by school official)**

I HEREBY CERTIFY THAT THE ABOVE STATEMENT CONCERNING TEACHING SERVICE, DATES, AND DESCRIPTION OF HIS/HER DUTIES ARE TRUE AND CORRECT. IF HE/SHE IS A HEAD START STAFF MEMBER, I CERTIFY THAT HIS/HER COMPENSATION DOES NOT EXCEED THAT OF A COMPARABLE EMPLOYEE IN THE LOCAL SCHOOL SYSTEM.					
SCHOOL DISTRICT & COUNTY		SIGNATURE OF AUTHORIZED OFFICIAL		OFFICIAL SEAL OR STAMP OF SCHOOL (If none, see instructions on back of form)	
ADDRESS (CITY, STATE, ZIP CODE)		TITLE			
		DATE	TELEPHONE		
DOES THIS INSTITUTION PROVIDE STATE APPROVED ELEMENTARY OR SECONDARY EDUCATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**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:	DATE	<input type="checkbox"/> HANDICAPPED <input type="checkbox"/> HEAD START	<input type="checkbox"/> BIA <input type="checkbox"/> MATH, SCIENCE, BILINGUAL, OTHER SHORTAGE AREA	<input type="checkbox"/> LISTED IN FEDERAL REGISTER CODE _____ PAGE _____	<input type="checkbox"/> NOTE LISTED IN FEDERAL REGISTER; BENEFIT DENIED

**PART IV - LENDING INSTITUTION ACTION**

SIGNATURE OF APPROVING OFFICIAL	TITLE	DATE
_____	_____	_____

## TEACHER CANCELLATION ELIGIBILITY REQUIREMENTS AND INSTRUCTIONS

You are eligible for partial cancellation of your loan under the conditions listed below. You must be a full-time teacher and teach for a complete academic year or two consecutive semesters. Complete this form at the end of each year of service. It is your responsibility to submit forms on time; failure to do will result in continued billing. A separate form must be completed for each employer.

### INSTRUCTIONS

1. Complete Part I. (FORMS WILL BE RETURNED IF ANY INFORMATION IS MISSING.)
2. Sign and date form.
3. Have form certified in Part II. If the required seal or stamp is not available, include verification of your full-time teacher status and the dates of employment on official letterhead stationery. Forms without a seal, stamp, or letter are not valid and will not be accepted.
4. Teachers of the handicapped **must include an official job description**. Licensed, certified or registered speech pathologists occupational therapists and audiologists working in a school **must provide a copy of their license**.
5. Teachers of other shortage fields, C(1)(c), **must include a letter from the State Education Agency confirming shortage field**.

### A. LOANS OBTAINED PRIOR TO 7/1/72 (NATIONAL DEFENSE):

1. 10% cancellation for each year of regular full-time teaching in a public or non-profit elementary or secondary school, an institution of higher education, or in overseas department of defense elementary or secondary school. (Maximum: 5 Years)
2. 15% cancellation for each year of teaching at any one of the following:
  - a. teaching in a school that is eligible for cancellation as determined by the Commissioner of Education and which is listed in the Federal Register (low income, Chapter I funding) for that year.
  - b. teaching handicapped children (ages 3-21) in a public or other non-profit elementary or secondary school system. Teaching of the handicapped **must submit an official job description** with each Request for Postponement/Deferment. Handicapped children means: "mentally retarded, hard of hearing, deaf, speech impaired, or other health impaired children, or children with specific learning disabilities, who by reason thereof require special education and related services."
  - c. Bureau of Indian Affairs - teaching in an elementary or secondary school operated by the Bureau of Indian Affairs operated on Indian reservations by an Indian tribal group under contract with BIA.

### B. LOANS OBTAINED ON AND AFTER 7/1/72 (NATIONAL DIRECT AND PERKINS)

1. Accelerated cancellation at the rate of 15% of the loan for the 1st and 2nd year, 20% of the 3rd and 4th year, 30% for the 5th year for any one of the following:
  - a. teaching in a school that is eligible for cancellation as determined by the Commissioner of Education and which is listed in the Federal Register (low income, Chapter I funding) for that year.
  - b. teaching handicapped (as defined above in A(2)(b) children in a public or other non-profit elementary or secondary school system. Teachers of the handicapped **must submit an official job description** with each Request for Postponement/Deferment.
  - c. Bureau of Indian Affairs as described in A(2)(c) above.
2. 15% cancellation per year for employment as a full-time, salaried, education staff member in the Federal HEAD START program.

### C. LOANS OBTAINED ON AND AFTER 7/23/92 (FEDERAL PERKINS)

1. Accelerated cancellation rates as described in B(1), above, for any of the following:
  - a. teaching in a school that is eligible for cancellation as determined by the Commissioner of Education and which is listed in the Federal Register (low income, Chapter I funding) for that year.
  - b. full-time special education, formerly "teacher of the handicapped", (as defined above in A(2)(b), now including teacher of infants or toddlers with disabilities, in a public or other non-profit elementary or secondary school system. Teacher of handicapped/special education **must submit an official job description** with each Request for Postponement/Deferment.
  - c. full-time teachers of mathematics, science, foreign languages, bilingual education, or other shortage fields as determined by the state's education agency.
  - d. Bureau of Indian Affairs as described in A(2)(c) above.
2. HEAD START employment, as described in B(2) above.

Mail form(s) to:

Emory University  
Office of the Bursar  
Student Financial Services  
101 Boisfeuillet Jones Center  
Atlanta, GA 30322-1630  
Telephone Number: (404) 727-6095