

FEDERAL PERKINS & NDSL

REQUEST FOR CANCELLATION

PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)

www.acs-education.com

Name:		Social Security #:	16 Digit Account Numbers:	
Street Address:		Birthdate:		
City:	State:	Zip Code:		
PLEASE CHECK THIS BOX IF NEW ADDRESS				
Home Phone #:	Work Phone #:	Cell Phone #:	Driver's License # and State:	
Lending Institution:	Date Left Lending Institution:		E-mail Address:	

BEGINNING (mm/dd/yy)	ENDING (mm/dd/yy)
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Altered dates will not be accepted.

Please refer to your promissory note for specific eligibility requirements.

Please attach a full description of exact duties for all requests.

This is to certify that I am or was (check only one employment category):

<input type="checkbox"/> Teacher – Full-time (check all that apply) <input type="checkbox"/> Elementary School <input type="checkbox"/> Headstart <input type="checkbox"/> Teach Handicapped Children/Special Education Indicate type of handicap/special education _____	School District/County: _____ Age Group of Students: _____ <input type="checkbox"/> Low Income School <input type="checkbox"/> Secondary School	School Name: _____ Grade Level: _____ <input type="checkbox"/> Shortage Area Subject(s) Taught: _____ and percentage of handicapped in classroom: _____
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- Nursing/Medical Technician (for Federal Perkins Only) (Please provide a copy of License/Certification.) Position: _____
- Provide Social Services only to High-Risk Children from low income communities.
- Full-Time Law Enforcement Employment. Position: _____
- Military Combat for at least one year in an area of hostility/imminent danger.
- Peace Corps/ACTION volunteer – Full-Time.
- Early Intervention (ages - birth to 2 years).
- Survivors of 9/11 Attacks.

DEFERMENT FOR PRE-CANCELLATION SERVICES

- I expect to be eligible for a cancellation for the period _____ to _____ and request a deferment until I have completed a full year of service at which time I will provide the proper documentation. The cancellation I expect to receive is for: Teaching Law Enforcement Nurse/Med Tech Armed Forces
- Peace Corps/Volunteer Early Intervention

THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE, ACCOUNT NUMBER, BEGINNING AND ENDING DATES, AND COMPLETE CERTIFICATION. I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO NOTIFY THE LENDING INSTITUTION IMMEDIATELY UPON TERMINATION OF MY CLAIMED STATUS.

X

Borrower's Signature

Date

PART II – TO BE COMPLETED BY CERTIFYING OFFICIAL (NOTARY PUBLIC CERTIFICATION NOT ACCEPTABLE)

I certify that the information stated above is correct.

X

Signature of Authorizing Official	Title	Date
Name and Address of Authorizing Organization and SCHOOL DISTRICT: (for teachers only, include COUNTY and SCHOOL DISTRICT)	Dates Employed (MM/DD/YY)	Official Stamp or Seal If no stamp or seal is available, please provide eligibility certification on official letterhead.
STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time: number of hours per week _____	FROM: _____ TO: _____	
PHONE NUMBER: () _____		

RETURN FORMS TO:

**ACS INC – EDUCATION SERVICES
CAMPUS PRODUCTS AND SERVICES
PO BOX 7060
UTICA, NY 13504-7060**

PART III – FOR OFFICE USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Reason:	Inst & Dash #	Canc Type	Dates of Canc	Int Rev	NPD	Past Due Amt	Period Due	Pre-Canc/Def End Date