



FEDERAL PERKINS & NDSL - Request for Cancellation
PART I – TO BE COMPLETED BY THE BORROWER

Borrower Name: _____ **MSCD Student ID #** _____

Address: _____ **Email Address:** _____

City, State and Zip: _____ **Home Phone:** _____

Borrower Account # _____ **Cell Phone:** _____

Beginning Date of Qualified Employment _____ End Date or "Present" _____

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):

Teacher - Full-time (check all that apply)

<input type="checkbox"/> Elementary School	School District/County: _____	Grade Level: _____
<input type="checkbox"/> Headstart		
<input type="checkbox"/> Low Income School	School Name: _____	Student Age Group: _____
<input type="checkbox"/> Secondary School		
<input type="checkbox"/> Shortage Area	Subject(s) Taught: _____	
<input type="checkbox"/> Teach Handicapped Children/Special Education		

Indicate type of handicap/special education: _____ Percentage of handicapped in classroom: _____

Provide Social Services only to High-Risk Children from low income communities.

Military Combat for at least one year in an area of hostility/imminent danger. Early Intervention (ages: birth to 2 years).

Peace Corps/ACTION volunteer - Full-Time. Survivors of 9/11 Attacks.

Nursing/Medical Technician (Please provide a copy of License/Certification.) Full-Time Law Enforcement Employment.

Position: _____

Position: _____

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:

Signature: _____

Date: _____

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.

FEDERAL PERKINS & NDSL - Request for Cancellation
PART II – TO BE COMPLETED BY CERTIFYING OFFICIAL
 (NOTARY PUBLIC CERTIFICATION NOT ACCEPTABLE)



Name of Authorizing Organization: _____
County and School District (Teachers Only): _____
Address of Authorizing Organization: _____
City, State and Zip: _____
Phone Number: _____

EMPLOYMENT STATUS:

Full-Time

Part-Time

Dates Employed (MM/DD/YY):

Number of Hours per Week _____ From: _____ To: _____

I certify that the information stated in PART I & PART II is correct

Signature: _____

Date: _____

Title: _____

RETURN FORMS TO:

Metropolitan State College of Denver
 Perkins Loan Office

P. O. Box 173362
 Campus Box 97
 Denver, CO. 80217

Phone: 303-556-2913 or 1-888-310-8780
 Fax: 303-352-4251

Office Hours:
 Monday - Friday
 8:00 am - 5:00 pm MST

Official Stamp or Seal
 If no stamp or seal is available, please provide eligibility certification on official letterhead.

PART III – FOR OFFICE USE ONLY

Approved Inst & Dash #	Disapproved Canc Type	Reason: Dates of Canc	Int Rev	NPD	Past Due Amt	Period Due	Pre-Canc/Def End Date

PROCESSED BY: _____

TITLE: _____

DATE: _____