

# Instructions: How to complete the Federal Perkins Student Request for Cancellation Form

SECTIONS A-E MUST BE COMPLETED FULLY  
 BORROWER MUST COMPLETE ALL AREAS OUTLINED IN RED AND/OR IN DASHES  
 Federal Perkins (NDSL) Student Loan - Request for Cancellation

This space for servicer's use only

**Please print. This section must be filled out completely.**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Account number(s) on billing statement \_\_\_\_\_

Address \_\_\_\_\_ Check if new address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Institution that granted this loan(s) \_\_\_\_\_

Return to: Campers Partners  
 P.O. Box 2001  
 Winston-Salem, NC 27102-2001  
 Fax: 336-607-2093

You may qualify for partial loan cancellation benefits, regardless of the terms of your promissory note. There are a number of reasons that may qualify you for these benefits. For a complete list of cancellation provisions and the eligibility criteria for each one, please visit our web site at [www.mvcampusloan.com](http://www.mvcampusloan.com) or you may contact our office at (800) 334-8609.

\*\*\*\*Two forms are required for each year, a Request for Deferment submitted at the beginning of the year and a Request for Cancellation at the end of that year's service.\*\*\*\*

**A. Cancellation or Deferment CHECK BLOCK(S) FOR TYPE OF SERVICE**

*Additional documentation required. Please visit our Web site at [www.mvcampusloan.com](http://www.mvcampusloan.com) and complete the Official Certification Letter For Cancellation Benefits.*

Child Care Program\*     Middle School     Law Enforcement\*     Early Intervention\*  
 Headstart\*     High School     Public Defender     Peace Corps/VISTA  
 Pre-Kindergarten\*     Speech/Language Pathologist\*     Nurse/Medical Technician\*     Military (Combat)  
 Kindergarten     Librarian\*     Firefighter  
 Elementary     Tribal Faculty     Child/Family Service\*  
 Spec. Ed. Attach a description of your students or clients and the percentage of disabled in the classroom.

Legal Name of School or Employing/Educational Agency \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**B. Employment or Enlistment Period (must be one complete year)**

Deferment in Anticipation of Cancellation    Beginning and Ending \_\_\_\_\_  
 Cancellation    Beginning and Ending \_\_\_\_\_

**C. Job Title/Description/Subjects**

Original Received/Pass Date \_\_\_\_\_ State Board Date(s) \_\_\_\_\_ Med. Techn. Lic. Date(s) \_\_\_\_\_  
 (Must complete for nurse/med tech.)

**D. Declaration**

I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan immediately.

Signature of Borrower (required) \_\_\_\_\_ Date \_\_\_\_\_

**E. Certification of Employment or Enlistment Period**

Name of School, Place of Employment or Service Unit \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
 County \_\_\_\_\_ School District \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I CERTIFY THAT THE BORROWER IS EMPLOYED FULL TIME. Please check all boxes that apply.  
 I certify that this is a public elementary or secondary school.  
 I certify that this school is operated by the Bureau of Indian Affairs.     I certify Peace Corps/VISTA.  
 I certify that this is a private or public nonprofit elementary or secondary school registered by the STATE EDUCATION AGENCY (verification should be attached by certifying official).  
 I certify that this is a public or private nonprofit child or family service agency.

Signature of Certifying Official \_\_\_\_\_ Date \_\_\_\_\_  
 Title of Certifying Official \_\_\_\_\_

**\*Note: Altered dates must be initialed by Certifying Official**

This space for Institutional Seal. If not available, provide official letter of certification.

SEAL

**For lending institution only:**

Cancellation approved     Deferment approved    Principal Cancelled \$ \_\_\_\_\_  
 Defense (10%, 15%)     Request disapproved/Interest Cancelled \$ \_\_\_\_\_  
 Perkins (15%, 20%, 30%)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Internal use only: Date \_\_\_\_\_ Analyst's initials \_\_\_\_\_

Last 3 digits Program No.	SEO No.	Type	Begin Mo.	Year	End Mo.	Year	Comment
		QL					Principal cancelled _____ Interest cancelled _____
		QL					Principal cancelled _____ Interest cancelled _____
		QL					Principal cancelled _____ Interest cancelled _____
		QL					Principal cancelled _____ Interest cancelled _____

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Please fill in all areas outlined in red and/or in dashes.

Check which option best describes your title or profession and fill out the information about your School, Firm or Agency.  
 \*Please note: when there is an asterisk after your choice and you are applying for a cancellation, please include the Official Certification Letter for Cancellation Benefits Form and job description.  
 \*When applying for a Deferment in Anticipation of Cancellation, attach a job description.

Please make sure dates are complete before sending in forms. Even if you are employed at the same school, firm or agency, it is necessary to list both beginning and ending dates on this form.

Place Job Title here.

Dates needed in this box are for: Nurse or Med Tech state board dates.

Dates needed in this box are for: Nurse or Med Tech licensing dates.

Please sign and date.

Place your 16 digit account number(s) here.

This section must be filled in by your Employer.

Please have your employer sign and date this section, but not more than 30 days of sending in this form.

Your employer must place his/her title here.

For OFFICE use only