

**FEDERAL PERKINS STUDENT LOAN  
REQUEST FOR PARTIAL SERVICE CANCELLATION**

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

Instructions on reverse side

SID OR LAST 4 DIGITS OF SSN _____  NAME OF BORROWER _____ (Last, First, Middle)  ADDRESS _____  CITY _____ STATE _____ ZIP _____ Email: _____ Telephone Numbers: Home: ( ) _____ Work: ( ) _____ Cell: ( ) _____	<p><b>MAIL YOUR FORM TO:</b>  <b>Minnesota State Colleges and Universities</b>  <b>Student Loan Service Center</b>                  30 7<sup>th</sup> St E, Suite 350                  St Paul, MN 55101-7804</p> <p>Tel: 651.201.1500 Toll Free Outside Metro: 1.855.508.4506                  Website: <a href="http://www.minnstate.edu/system/slsc">www.minnstate.edu/system/slsc</a></p>
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**CANCELLATION TYPE**

- \_\_\_\_\_ **NURSE** Please list your State Board Date \_\_\_\_\_ RN or LPN License # \_\_\_\_\_
- \_\_\_\_\_ **MEDICAL TECHNICIAN PROVIDING HEALTH CARE (Attach official job description)**  
 Please list your State Board Date \_\_\_\_\_ License # \_\_\_\_\_
- \_\_\_\_\_ **ALLIED HEALTH PROFESSION (list) (Attach official job description)** License # or Board date: \_\_\_\_\_
- \_\_\_\_\_ **LAW ENFORCEMENT OR CORRECTIONAL OFFICER (Attach official job description)**
- \_\_\_\_\_ **QUALIFIED PROFESSIONAL PROVIDER OF EARLY INTERVENTION SERVICE (Attach official job description)**
- \_\_\_\_\_ **EMPLOYEE OF CHILD OR FAMILY SERVICE AGENCY-2<sup>nd</sup> page required (Attach official job description)**
- \_\_\_\_\_ **PEACE CORPS/VISTA MEMBER**
- \_\_\_\_\_ **MILITARY SERVICE CANCELLATION (members who serve in an area of hostility)**
- \_\_\_\_\_ **PUBLIC DEFENDER**
- \_\_\_\_\_ **LIBRARIAN WITH A MASTER'S DEGREE IN LIBRARY SCIENCE who is employed in a school served under Title I of the EDEA, or a public library serving Title I school (Provide proof of master's required)**
- \_\_\_\_\_ **SPEECH LANGUAGE PATHOLOGIST with a master's degree working exclusively in Title I school (Provide proof of master's degree)**
- \_\_\_\_\_ **FIREFIGHTER**

<p align="center"><b>PLACE OF EMPLOYMENT</b></p> NAME _____  ADDRESS _____  CITY _____ STATE _____ ZIP _____	<p align="center"><b>DATES OF FULL-TIME EMPLOYMENT</b></p> I began working for the Agency on: _____/_____/_____ And expect to continue through at least, or left Employment on: _____/_____/_____  I expect to be employed here for another year: <u>Y</u> <u>N</u>
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I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

**SIGNATURE OF BORROWER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PART II CERTIFICATION OF EMPLOYMENT** (To be completed by the employer)

<p><b><u>CERTIFICATION BY EMPLOYING AGENCY:</u></b>                  I CERTIFY the above statements concerning this employee's <b>full-time</b> employment are true and correct.</p> <p>_____                  Signature Title                  Printed Name _____</p> <p>Phone Number ( ) _____ Date _____</p>	<p align="center"><b><u>OFFICIAL SEAL OR STAMP OF EMPLOYING AGENCY</u></b>                  (If no stamp is available, a letter on agency letterhead is required)</p>
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**FOR OFFICE USE ONLY**

CANCELLATION:	Code	For period:	Principal Canceled:	Princ Balance	Prcd by:	Date
Approved <u>Y</u> <u>N</u>	_____	_____	_____	_____	_____	_____
Def Next Year <u>Y</u> <u>N</u>	_____	_____	_____	_____	_____	_____

(OVER)

**SERVICE CANCELLATION/POSTPONEMENT/DEFERMENT  
ELIGIBILITY REQUIREMENTS AND INSTRUCTION**

You may be eligible to receive a partial cancellation on your Federal Perkins Student Loan based on your employment status. If you qualify, we will place a partial cancellation on your account at the end of each full year of employment. If you have a gap in your employment, you may have to re-start your eligibility year. A complete year of service is 12 consecutive months.

If you have not completed your first full year, complete the form on the reverse indicating that you have not worked a full year, have it certified and return to our office. If you qualify, we will postpone or defer your account for one year. At the end of each year, you will be required to re-file the form to recertify your status. The form must be completed annually.

**INSTRUCTIONS:**

1. Complete Part 1. Be sure you sign and date the form. (Forms will be returned if any information is missing)
2. Have your employer certify Part II. **If the required seal or stamp is not available, include verification of your full-time 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. Notary is not acceptable.
3. Include an official job description if required.
4. If you changed employment agencies during your deferment period, there may be NO breaks in employment. Complete a cancellation form for all applicable positions from each employer.
5. Return the completed form with **original signatures** along with any other required documents to the address listed below.

**A year of service consists of 12 consecutive months of service. Cancellation rate for each completed year is 15% for the first and second year; 20% for the third and fourth year; and 30% for the fifth year for the following:**

- **NURSE:** Must be working full-time as a nurse providing health care services directly to patients.
- **MEDICAL TECHNICIAN:** An allied health professional who is certified, registered, or licensed by the appropriate state agency in the state in which he or she provides health care services; an allied health professional is someone who assists, facilitates, or complements the work of physicians and other specialists in the health care system.
- **LAW ENFORCEMENT OR CORRECTIONAL OFFICER:** Must be working as sworn law enforcement or corrections officer, or a person whose principal responsibilities are unique to the criminal justice system Service must be essential in the performance of the agency's primary mission. The agency must be a local, State, or Federal law enforcement or corrections agency, which is publicly funded; and the principal activities of which pertain to crime prevention, control, reduction, or the enforcement of the criminal law. Agencies that are primarily responsible for enforcement of civil, regulatory, or administrative laws are ineligible.
- **QUALIFIED PROFESSIONAL PROVIDER OF EARLY INTERVENTION SERVICE:** Employed full-time as a qualified professional provider of early intervention services in a public or other nonprofit program under public supervision.
- **CHILD OR FAMILY SERVICE AGENCY-2<sup>nd</sup> page required:** Full-time employee of an eligible public or private nonprofit child or family service agency and provides or supervises the provision of services to both **high-risk children** who are from low-income communities and the families of such children. May also provide services to adults, but these adults must be members of the families of the children for whom services are provided. Services to the adults must be secondary to the services provided to the high-risk children. The Department has determined that an elementary or secondary school system or a hospital is not an eligible employing agency.
- **MILITARY SERVICE CANCELLATION:** Borrower must be serving or has served a period of full-time active duty in the U.S. armed forces in an area of hostilities or an area of imminent danger that qualifies for special pay. The Commanding Officer must certify the borrower's service dates.
- **PUBLIC DEFENDER:** Employed full-time in Federal Public Defender Organizations or Community Defender Organizations (Section 3006A(g)(2) of Title 18, U.S.C.
- **LIBRARIAN WITH A MASTER'S DEGREE IN LIBRARY SCIENCE:** Must be employed in a school served under Title I of the EDEA, or a public library serving Title I school (Provide proof of master's required)
- **SPEECH LANGUAGE PATHOLOGIST** with a master's degree working exclusively in Title I eligible school.
- **FIRE FIGHTER:** Full-time fire fighter with a local, State, or Federal fire department or fire district.

**Up to 70% of the Perkins loan may be cancelled for:**

- **PEACE CORPS/VISTA MEMBER:** An authorized official of the Peace Corps or AmeriCorps\*VISTA program must sign the borrower's cancellation form to certify the borrower's service. AmeriCorps volunteers do not qualify for this cancellation unless their volunteer service is with AmeriCorps\*VISTA. An AmeriCorps\*VISTA volunteer may only qualify for this cancellation if the AmeriCorps\*VISTA volunteer elects **not** to receive a national service education award for his or her volunteer service. The AmeriCorps\*VISTA volunteer must provide appropriate documentation showing that the volunteer has declined the AmeriCorps national service education award.

<b>MAIL COMPLETED FORM TO:</b>	Minnesota State Colleges and Universities Student Loan Service Center 30 7th St E, Suite 350 St Paul, MN 55101-7804
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If you have questions, please contact us:	Tel: 651.201.1500 Email: loans@minnstate.edu
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