

**FEDERAL PERKINS STUDENT LOAN  
REQUEST FOR PARTIAL CANCELLATION FOR  
TEACHING SERVICES**

**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><u>MAIL YOUR FORM TO:</u></b></p> <p align="center"><b>Minnesota State Colleges and Universities 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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EXACT NAME OF SCHOOL WHERE EMPLOYED	POSITION/JOB TITLE	SCHOOL DISTRICT # and COUNTY
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<u>TEACHER CANCELLATION TYPE</u>	Elementary	Secondary	Institute Higher Ed	(Head Start)
___ PUBLIC (TITLE 1, LOW INCOME)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ NON-PROFIT (TITLE 1, LOW INCOME)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ EDUCATIONAL SERVICES AGENCY	<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"/>
___ PREKINDERGARTEN (is a State funded program to be a part of its elementary education program)				
___ CHILD CARE PROGRAM LICENSED OR REGULATED BY THE STATE. (Must submit a copy of the child care's State license)				
___ TEACHER OF MATHEMATICS, SCIENCE, FOREIGN LANGUAGE, BILINGUAL EDUCATION or shortage determined by your state. <u>LIST YOUR FIELD OF EXPERTISE</u>				
___ TEACHER OF THE HANDICAPPED/SPECIAL EDUCATION (Teachers of the handicapped must attach an official job description)				
___ FACULTY MEMBER AT A TRIBALLY CONTROLLED UNIVERSITY				

I am requesting **cancellation** FOR THE PERIOD \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ (File at the end of each school CANCELLATION year)

I am requesting **deferment** FOR THE PERIOD \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ (File at the beginning of school CANCELLATION year)

I agree that if, for any reason, **I DO NOT** complete an academic year of employment, I will immediately notify the Student Loan Service Center.

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

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

I CERTIFY that the above statements concerning this employee's **full-time** employment are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**OFFICIAL SEAL OR STAMP OF EMPLOYING AGENCY (If none available, provide a letter of certification on letterhead)**

***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>	_____	_____	_____	_____	_____	_____

## TEACHER CANCELLATION/DEFERMENT ELIGIBILITY REQUIREMENTS AND INSTRUCTION

You may be eligible to receive a partial cancellation on your Federal Perkins Student Loan based on your employment as a full-time teacher. You must apply for a partial cancellation at the end of each academic year.

If you have not completed your first full year of teaching, 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 defer your account until the year is over. At that time, we will need verification that you taught a complete year.

### **INSTRUCTIONS:**

1. Complete Part I. 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 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. Notary is not acceptable.
3. Teachers of special education must include an official job description. Licensed, certified or registered speech pathologists, occupational therapists and audiologists working in a school must also provide a copy of their license.
4. Teachers of expertise areas not listed must include a letter from the State Education Agency confirming shortage field.
5. Return the completed form with **original signatures** along with any other required documents to the address below.

### **Cancellation at a rate of 15% for the first and second year of teaching, 20% for the third and fourth year of teaching and 30% for the fifth year of teaching for the following:**

- Teaching in an elementary or secondary school serving **low-income students**. A cancellation based on teaching in a school serving students from low-income families or a location operated by an education service agency may be granted only if the borrower taught in an eligible school or ESA that is listed in the Directory of Designated Low-Income Schools for Teacher Cancellation Benefits. <https://www.tcli.ed.gov>
- Teaching in **special education**. You may cancel for being a full-time special education teacher of infants, toddlers, children, or youth with disabilities, in a public or other nonprofit elementary or secondary school system. Must provide a job description.
- Teaching mathematics, science, foreign language, bilingual education, or in a **field of expertise** where the State education agency determines that there is a shortage of qualified teachers.
- **Bureau of Indian Affairs**: teaching in an elementary or secondary school operated by the Bureau of Indian Affairs or operated on Indian reservations by an Indian tribal group under contract with BIA.

### **Cancellation at a rate of 15% for each year up to a maximum of 100% for:**

- **Head Start**: Working full-time as a staff member in the educational part of a preschool program carried out under the Head Start Act. A full-time staff member is someone who is regularly employed in a full-time professional capacity to carry out the educational part of a Head Start program.
- **Child Care** program: A child care program would be defined as a program that is licensed and regulated by the State and provides child care services for fewer than 24 hours per day per child, unless care in excess of 24 consecutive hours is needed due to the nature of the parents' work. **Must provide copy of state license.**
- **PreSchool or Prekindergarten**: A borrower may receive teacher cancellation for teaching service performed in a preschool or prekindergarten program the state considers the program to be a part of its elementary education program. A low-income-school-directory designation that includes prekindergarten or kindergarten does not suffice for a state determination of program eligibility. The school must check with the state superintendent of public instruction to determine whether these programs are part of the state elementary education program.

### **RETURN YOUR COMPLETED FORM TO:**

Minnesota State Colleges and Universities  
Student Loan Service Center  
30 7<sup>th</sup> St E, Suite 350  
St Paul, MN 55101-7804

**If you have questions please contact us:** Tel: 651.201.1500 Email: [loans@minnstate.edu](mailto:loans@minnstate.edu)