

UNIVERSITY OF UTAH

FEDERAL PERKINS & NDSL Request for Cancellation/Deferment
Part I - To be completed by the Borrower (Complete in INK)

Name: Account Number:
Street Address:
City: State: ZIP:
Home Phone: Work Phone:

I am requesting a
Deferment for
Cancellation.....

Beginning (mm/dd/yy) Ending (mm/dd/yy)

Cancellation.....
(Please check all that apply)

Beginning (mm/dd/yy) Ending (mm/dd/yy)

(Please refer to your promissory note for specific eligibility requirements)

Indicate type of full time service:

Teacher: School District/County
School Grade
Low Income School
Pre-School Head Start
Teacher Math, Science, Foreign Language, Bilingual Ed
Subject
Teach Handicap/Special Education type
Percentage of handicapped/Special Ed children

Nurse/Medical Technician
Position
Provider of Services to High-Risk
children from low income
communities at a non-profit
Child/Family Service Agency
Full-time Law Enforcement Officer
Position
Early Intervention Services
Infants and Toddlers to Age 2

Peace Corps, ACTION volunteer
Military Combat for at least one
year in an area of hostility
Specify area

I understand that by requesting a deferment or cancellation during my original grace period, I am conditionally waiving my rights to said grace period.

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 INCOME ACCOUNTING AND STUDENT LOAN SERVICES IMMEDIATELY IF MY STATUS CHANGES.

Borrower's Signature Date

PART II - TO BE COMPLETED BY CERTIFYING OFFICIAL

I certify that the information stated above and below is correct:

X
Signature of Authorizing Official Title Date

Name and Address of Organization JOB TITLE

Phone Number ( ) Official Stamp or Seal (if available)

Dates of completed employment Dates of anticipated future employment
From To
To To

Full time Part time # hrs Full time Part time # hrs