

REQUEST FOR PARTIAL CANCELLATION OF PERKINS LOAN

PART I : To Be Completed By Borrower

Name of Borrower : _____

Social Security Number : _____

Signature

Mailing Address: _____
(Street)

(City) (State) (Zip)

Residence Address: _____
(Street)

(City) (State) (Zip)

Phone Number: (_____) _____

This is to certify that I **have been employed** full-time for the period beginning _____, _____ and ending _____, _____. (ATTACH A DETAILED JOB DESCRIPTION)

PART II : To Be Completed By Employer, Agency or Organization

I certify that the information stated in Part I is true and correct. The person named is:

- _____ employed full-time as a teacher
- _____ in a designated "low-income" elementary or secondary school.
- _____ of mathematics, science, foreign language or bilingual education.
- _____ of physically or mentally challenged students as defined by this program.
- _____ or a full-time staff member in a Head Start program.
- _____ employed full-time as a law enforcement or corrections officer.
- _____ employed full-time by a non-profit child and family service agency.
- _____ employed full-time as a nurse or medical technician..
- _____ serving full-time in the Peace Corps/VISTA.

Signature of authorized official Title

Name of Agency, Organization or Employer Date

Address: _____

Phone number: (_____) _____

Please return to: Austin Peay State University
Accounting Services – Perkins/NDL Loans
P. O. Box 4635
Clarksville, TN 37044
Phone: 931-221-7680 or 931-221-6368

(OFFICIAL SEAL OR STAMP)