

**Texas A&M University
Student Business Services**

Student Loan Administration
P.O. Box 30015, College Station, TX 77842-3015
(979) 845-9396, FAX (979) 845-8126

Privacy Notice:

State law requires that you be informed of the following:

- (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law);
- (2) you are entitled to receive and review that information; and
- (3) you are entitled to have the information corrected at no charge to you."

**TEXAS A&M UNIVERSITY
STUDENT BUSINESS SERVICES**

P. O. Box 30015

COLLEGE STATION, TX 77842-3015

**REQUEST FOR PARTIAL CANCELLATION OF LOAN DUE TO SERVICE PERFORMED
DIRECT/PERKINS/FEDERAL PERKINS STUDENT LOAN PROGRAM**

PART I. TO BE COMPLETED BY BORROWER. INSTRUCTIONS. After completing **each** academic teaching year or its equivalent, OR a **complete** year of other qualifying service, the borrower should forward **certified** duplicate copies of this form to TEXAS A&M UNIVERSITY (Lending Institution) at the above address. After final action, the Lending Institution will return one copy to the borrower and retain one copy.

Borrower Name				Address of the Borrower (Street, City, State, Zip Code)			
Borrower SS #				E-mail address			
Place of Employment				Description of Exact Duties (attach additional page if needed)			
Period Starting	Month	Day	Year	Period Ending	Month	Day	Year

CHECK APPROPRIATE BOXES BELOW FOR CANCELLATION ENTITLEMENT FOR FULL-TIME SERVICE

TEACHING SERVICE	Elementary School	Secondary School	Other
High Concentration of Students From Low-Income Families			
Disable Students			
Special Education Students			
Qualified Shortage Fields			

OTHER PUBLIC SERVICE

Nurse/Medical Technician	
Family Service Agency	
Qualified Professional Provider	
Law Enforcement/Corrections	
Head Start Staff	
Military	
Peace Corps/ACTION	

I DECLARE that I was employed full-time in public service field for a complete year or its equivalent, as stated. I request cancellation of the appropriate amount of principal and interest for such service in accordance with my entitlement under the law and in accordance with regulations and instructions issued by the U.S. Commissioner of Education.

Signature of Borrower	Date
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PART II. TO BE COMPLETED BY OFFICIAL WHERE BORROWER WAS EMPLOYED

I CERTIFY that the borrower's declaration as to employment, the competition of service, and the description of duties is true and correct.

Place of Employment (include School District, if applicable)	Signature of Authorized Official	Official Seal or Stamp (If none, include signed letter of certification on official letterhead)
Address (City, <u>County</u> , State, Zip Code)	Title	
	Date	

PART III. TO BE COMPLETED BY THE LENDING INSTITUTION

Approved at 15 per centum rate 1 st . Year 2 nd . Year	Approved at 20 per centum rate 3 rd . Year 4 th . Year	Approved at 30 per centum rate 5 th . Year
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Approved at 15 per centum rate – Head Start Staff Member 1 st . Year 2 nd . Year 3 rd . Year 4 th . Year 5 th . Year 6 th . Year 7 th . Year						
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Approved at 15 per centum rate 1 st . Year 2 nd . Year	Approved at 20 per centum rate (Peace Corps/ACTION) 3 rd . Year 4 th . Year
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Approved at 12 1/2 per centum rate (Military) 1 st . Year 2 nd . Year 3 rd . Year 4 th . Year			
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No. Months Principal	Loan Principal Cancelled	Interest Cancelled	Total Amount Cancelled
No. Months Interest			
Year Ending	\$	\$	\$

| | Disapproved. Reason:

Signature of Lending Institution Official	Title	Date
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AUTHORIZING OFFICIALS

- Nurse/Medical Technician – Personnel Director
- Family Service – Program Director
- Qualified Professional Provider – Program Director
- Law Enforcement/Corrections Officer – Department Head
- Teaching and Head Start Staff – Official of the school where employed
- Military – Commanding Officer
- Peace Corps/ACTION – Program Director