

**REQUEST FOR CANCELLATION (Nursing, Law Enforcement, etc) – FEDERAL PERKINS LOAN
UNIVERSITY OF CENTRAL MISSOURI**

(PLEASE COMPLETE IN INK)

UCM ID NUMBER:	EMAIL:
NAME:	Return form to: UCM – Perkins PO Box 800 Ward Edwards 1100 Warrensburg, MO 64093 Phone: 660-543-4661 Fax: 660-543-8007
ADDRESS:	
CITY: STATE: ZIP:	
WORK PHONE: CELL:	

COMPLETION OF FORM DOES NOT GUARANTEE ELIGIBILITY. FOR MORE INFORMATION ON ELIGIBILITY REQUIREMENTS, PLEASE VISIT
ucmo.edu/sfs/explore/repayingperkins.cfm

<input type="checkbox"/> Criminal Law Enforcement/Corrections Officer <input type="checkbox"/> Nurse/Medical Technician <input type="checkbox"/> *Child/Family Services to high-risk children from low income communities <input type="checkbox"/> *Early Intervention Services (under the age of 3) <input type="checkbox"/> *Peace Corps/VISTA <input type="checkbox"/> Military Service (Serve at least one year in hostile duty area) (Include copy of orders with deployment dates) ALL EMPLOYMENT MUST BE FULL-TIME STATUS	Service Cancellations available for loans disbursed after 8/14/08 <input type="checkbox"/> Firefighter <input type="checkbox"/> Public Defender <input type="checkbox"/> *Librarian serving Title I School (Master's degree in Library Science Required) <input type="checkbox"/> *Speech Pathologist in Title I School (Master's degree in Speech Pathology) *You MUST include a statement on employer letterhead with full job description/job duties and copy of state license or certification.
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DECLARATION:

I have **COMPLETED** 12 months working **FULL-TIME** in the field indicated above. I request **PARTIAL CANCELLATION** of my Perkins Loan based on this employment. My year **BEGAN** ___/___/___ **AND ENDED** ___/___/___.

YES, I will continue to work in the same position next year, OR

NO, I have changed employers. I am sending a deferment form for my new employment.

You must read and agree:

I understand my eligibility for this benefit will not be reviewed until all applicable late fees have been paid. Payment of late fees does not guarantee approval for benefit.

I understand that if, for any reason, I do not complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan following my 6-month grace period.

I understand my updated status will be available at: <https://clmweb.ucmo.edu/bwa>

****REQUIRED**** Signature of Borrower _____ Date Signed: _____

BORROWER – YOU MUST SUBMIT THIS FORM TO YOUR EMPLOYER FOR COMPLETION OF THE SECTION BELOW.

<p>Employer Certification of Employment Section</p> <p>Date of Hire: ___/___/___</p> <p>Currently Employed: ___ Yes ___ No If no, last date of employment: ___/___/___</p> <p>Status: ___ Full Time ___ PRN ___ Part Time ___ Hours per week</p> <p>Employer Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>I certify borrower is employed full-time. I further certify that the information provided above by the borrower regarding his/her employment is true and correct.</p> <p>Signature _____ Date _____</p> <p>Printed Name _____ Title _____</p>	<p>This space is provided for the organization's official seal or stamp. **If one is not available, provide a letter of certification confirming the borrower's service, employment, or enlistment on official letterhead and include the employee's start date and full time status.</p>
	<p>Official Use Only:</p> <p>Deferment: ___ Approved ___ Denied</p> <p>Cancellation: ___ Approved ___ Denied</p> <p>Date _____ By _____</p>