

FEDERAL PERKINS, NDSL & NSL

Request for Cancellation

PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)

www.acs-education.com

Name:	Social Security #:	16 Digit Account Number(s):
Street Address:	Birthdate:	
City:	State:	Zip Code:
PLEASE CHECK THIS BOX IF NEW ADDRESS		
Home Phone #:	Work Phone #:	Driver's License # and State:
Lending Institution:	Date Left Lending Institution:	E-mail Address:

CANCELLATION

BEGINNING (mm/dd/yy):	ENDING (mm/dd/yy):
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This is to certify that I am or was (check one only):

Altered dates will not be accepted

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

Please attach a full description of exact duties for all cancellation requests

<input type="checkbox"/> Teacher–Full-time (check all that apply). <input type="checkbox"/> Elementary school <input type="checkbox"/> Headstart <input type="checkbox"/> Teach Handicapped Children/Special Education Indicate type of handicap/special education _____	School District/County: _____ Age Group of Students: _____ <input type="checkbox"/> Low Income School <input type="checkbox"/> Secondary School	School Name: _____ Grade Level: _____ <input type="checkbox"/> Shortage Area Subject(s) Taught: _____ and percentage of handicapped in classroom: _____
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- Nurse/Medical Technician (for Federal Perkins only); (Please provide a copy of License/Certificate). Position: _____
- Provide Social Services only to High-Risk Children from low income communities.
- Full-Time Law Enforcement Employment. Position: _____
- Military Combat for at least one year in an area of hostility/imminent danger
- Peace Corps/ACTION volunteer—Full-Time
- Early Intervention (ages 0–3)

DEFERMENT FOR PRE-CANCELLATION SERVICES

I expect to be eligible for a cancellation for the period _____ to _____ and request a deferment until I have completed a full year of service at which time I will provide the proper documentation.
 The cancellation I expect to receive is for: Teaching Law Enforcement Nurse/Med Tech Armed Forces Social Service Peace Corps/Volunteer Early Intervention

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 THE LENDING INSTITUTION IMMEDIATELY UPON TERMINATION OF MY CLAIMED STATUS.

X

Borrower's Signature _____

Date _____

PART II – TO BE COMPLETED BY CERTIFYING OFFICIAL (NOTARY PUBLIC CERTIFICATION NOT ACCEPTABLE)

I certify that the information stated above is correct.

X

Signature of Authorizing Official _____

Title _____

Date _____

Name and Address of Authorizing Organization
 (for teachers only, include COUNTY and SCHOOL DISTRICT)

STATUS:

- Full-time
- Part-Time (If part-time, number of hours worked per week.) _____

Dates Employed:
(MM/DD/YY)

FROM: _____

TO: _____

Official Stamp or Seal

If no stamp or seal is available, please provide letterhead certification.

PHONE NUMBER:() _____

RETURN FORM TO:

**ACS INC. – EDUCATION SERVICES
 CAMPUS PRODUCTS AND SERVICES
 P.O. BOX 7060 • UTICA, NY 13504-7060**

PART III – FOR OFFICE USE ONLY

Approved Disapproved Reason: _____

Inst & Dash #	Canc Type	Dates of Canc	Int Rev	NPD	Past Due Amt	Period Due	Pre-Canc/Def End Date

PROCESSED BY: _____

TITLE: _____

DATE: _____