

# Request for Partial Cancellation of Loan for Teaching Service

## National Defense/National Direct/ Federal Perkins Student Loan Program

FOR CANCELLATION, FILE THIS FORM AT THE COMPLETION OF YOUR YEAR OF TEACHING SERVICE. INSTRUCTIONS ON BACK OF THIS FORM – PLEASE PRINT IN INK, OR TYPE.

### Part One – General Information – Teacher information (To be Completed by the Borrower)

Borrower is responsible for advising ASU of current address!																																										
NAME OF BORROWER			SOCIAL SECURITY NUMBER																																							
STREET (BILLING ADDRESS)			Return Completed Form To: Arkansas State University Treasurer's Office- Perkins Loan P.O. Box 2640 State University, AR 72467 Phone 870-972-2285 Fax: 870-972-3068																																							
PHONE NUMBER AREA CODE (    ) <input type="checkbox"/> check if new address																																										
EXACT NAME OF SCHOOL WHERE EMPLOYED			POSITION/JOB TITLE																																							
CITY, STATE. ZIP			SCHOOL DISTRICT AND COUNTY																																							
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I DECLARE that I was employed as a full-time teacher in a public or other non-profit elementary or secondary school or institution of higher education in a state, or in an elementary or secondary school overseas of the Armed Forces of the United States, for a complete academic school year or its equivalent as stated. I request cancellation of the appropriate amount or 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..																																										
ACADEMIC YEAR STARTING		ACADEMIC YEAR ENDING		SIGNATURE OF BORROWER																																						
(MONTH-DAY-YEAR)		(MONTH-DAY-YEAR)		DATE																																						

### Part Two – Certification (To Be Completed by Employer or Appropriate Official)

I hereby certify that the above statement concerning teaching service, dates, and description of his/her duties are true and correct. If he/she is a HEAD START staff member, I certify that his/her compensation does not exceed that of a comparable employee in the local school system.			
SCHOOL DISTRICT & COUNTY		SIGNATURE OF AUTHORIZED OFFICIAL	
ADDRESS		TITLE	
		DATE	TELEPHONE
Does this institution provide state approved elementary or secondary education? <input type="checkbox"/> Yes <input type="checkbox"/> No		OFFICIAL SEAL OR STAMP OF SCHOOL (if none, see instructions on back of form)	

### Part Three – Office Use Only

<input type="checkbox"/> NATIONAL DEFENSE LOAN		<input type="checkbox"/> NATIONAL DIRECT/FEDERAL PERKINS LOAN		APPROVED AT _____ % RATE	
FUND	DATE	PRINCIPAL CANCELED	CODE	INTEREST CANCELLED	PRINCIPAL BALANCE AFTER THIS TRANSACTION
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Form Processed By:		Date: <input type="checkbox"/> Handicapped <input type="checkbox"/> BIA	<input type="checkbox"/> Listed in Federal Code _____ Page: _____		
		<input type="checkbox"/> Head Start <input type="checkbox"/> Math, Science, Bilingual. Other Shortage Area	<input type="checkbox"/> Not Listed in Federal Register: Benefit Denied		
SIGNATURE OF APPROVING OFFICIAL			TITLE		DATE

## Teacher Cancellation Eligibility Requirements and Instructions

You are eligible for partial cancellation of your loan under the conditions listed below. You must be a full-time teacher and teach for a complete academic year or two consecutive semesters. Complete this form at the end of each year of service. It is your responsibility to submit forms on time; failure to do so will result in continued billing. A separate form must be completed for each employer.

### Instructions:

1. Complete Part One. (Forms Will Be Returned If Any Information is Missing)
2. Sign and Date form
3. Have form certified in Part Two. If the required seal or stamp is not available, include verification for your full-time teacher status and the dates of employment on official letterhead stationery. Forms without a seal, stamp or letter are not valid and will not be accepted.
4. Teachers of the handicapped **must include an official job description**. Licensed certified or registered speech pathologists, occupational therapist and audiologist working in a school must provide a copy of their license.
5. Teachers of other shortage fields, C (1) (c), **must include letter from State Education Agency confirming shortage field**.

### A. LOANS OBTAINED PRIOR TO 7/1/72 (NATIONAL DEFENSE):

1. 10% cancellation for each year of regular full time teaching in s public or non-profit elementary or secondary school, an institution of higher education, or in overseas department of defense elementary or secondary school. (Maximum 5 Years)
2. 15% cancellation for each year of teaching at any one of the following:
  - a) Teaching in a school that is eligible for cancellation as determined by Commissioner of Education and which is listed in the Federal Register (low income, Chapter I funding) for that year.
  - b) Teaching handicapped children (ages 3-21) in a public or other non-profit elementary or secondary school system. Teachers of the handicapped **must submit an official job description** with each Request for Postponement/Deferment. Handicapped children means: "mentally retarded, hard of hearing, deaf, speech impaired, or other health impaired children or children with specific learning disabilities, who by reason thereof require special education and related services."
  - c) Bureau of Indian Affairs – teaching in an elementary or secondary school operated by the Bureau of Indian Affairs or operated on Indian reservations by an Indian tribal group under contract with BIA.

### B. LOANS OBTAINED ON OR AFTER 7/23/92 (NATIONAL DIRECT AND PERKINS):

1. Accelerated cancellation at the rate of 15% of the loan for the 1<sup>st</sup> and 2<sup>nd</sup> year, 20% for the 3<sup>rd</sup> and 4<sup>th</sup> year, 30% for the 5<sup>th</sup> year, or any one of the following:
  - a) Teaching in a school that is eligible for cancellation as determined by the Commissioner of Education and which is listed in the Federal Register (low income, Chapter I funding) for that year
  - b) Teaching handicapped (as defined above) **must submit an official job description** with each Request for Postponement/Deferment.
  - c) Bureau of Indian Affairs as described in A (2) (c) above
2. 15% cancellation per year for employment as full-time, salaried, education staff member in the Federal HEAD START program

### C. LOANS OBTAINED ON AND AFTER 7/23/92 (FEDERAL PERKINS):

1. Accelerated cancellation rates as described in B (1) above, for any of the following:
  - a) Teaching in a school that is eligible for cancellation as determined by the Commissioner of Education and which is listed in the Federal Register (low income, Chapter I) funding for that year
  - b) Full-time special education, formerly "teacher if the handicapped," (as defined above in A (2) (b), now including teachers of infants or toddlers with disabilities, in a public or other non-profit elementary school or secondary school system. Teachers of handicapped/special education **must submit an official job description** with each Request for Postponement/Deferment.
  - c) Fulltime teachers of mathematics, science, foreign languages, bilingual education, or other shortage fields as determined by the state's education agency.
  - d) Bureau of Indian Affairs as described above in A (2) (c) above
2. HEAD START employment as described in B (2) above