

**REQUEST FOR CANCELLATION OF REPAYMENT**

NATIONAL DEFENSE STUDENT LOAN PROGRAM  
 NATIONAL DIRECT STUDENT LOAN PROGRAM  
 FEDERAL PERKINS STUDENT LOAN PROGRAM

- INSTRUCTIONS:    **1. PLEASE PRINT IN INK OR TYPE**  
                          **2. Complete Part I.**  
                          **3. Sign and date form.**  
                          **4. Have form certified in Part II. If an official seal or stamp is not available, the appropriate official must verify your status on official letterhead.**

**Student deferment forms must be certified after classes begin. FORMS WILL BE RETURNED IF ANY INFORMATION IS MISSING.**

**PART I - GENERAL INFORMATION (To be completed by borrower)**

|   |   |
|---|---|
| ACCOUNT NUMBER  | NAME OF LENDING INSTITUTION<br>SAINT MARY'S UNIVERSITY OF MINNESOTA<br>700 Terrace Heights #13, Winona, MN 55987-1399   |
| NAME OF BORROWER<br>(Last, First, MI)   | SOCIAL SECURITY NUMBER  |
| STREET ADDRESS<br>CITY, STATE, ZIP CODE   | PHONE NUMBER (     )<br><br>Email address:<br><input type="checkbox"/> CHECK HERE IF NEW ADDRESS OR PHONE   |
| CANCELLATION/DEFERMENT IS REQUESTED FROM _____ TO _____<br>A DEFERMENT REQUEST MUST BE FILED AT THE BEGINNING OF THE WORK YEAR. AT COMPLETION OF ONE YEAR OF SERVICE, A CANCELLATION REQUEST CAN BE FILED. AN OFFICIAL JOB TITLE AND DESCRIPTION MUST BE PROVIDED WITH THIS FORM BY A CERTIFYING OFFICIAL.  |   |
| PLEASE CIRCLE REQUEST:    CANCELLATION        OR        DEFERMENT<br>CHECK THE TYPE OF CANCELLATION/DEFERMENT REQUESTED. MARK ONLY ONE BOX.   |   |
| <input type="checkbox"/> TEACHING-LOW INCOME STUDENTS<br><input type="checkbox"/> TEACHING SUBJECT MATTER-MATHEMATICS, SCIENCE, FOREIGN LANGUAGE, BILINGUAL EDUCATION<br><input type="checkbox"/> TEACHING- HANDICAPPED STUDENTS IN PUBLIC OR NON-PROFIT ELEMENTARY OR SECONDARY SCHOOLS (Disbursed prior to 7/23/1992)<br><input type="checkbox"/> TEACHING- SPECIAL EDUCATION OF INFANTS, TODDLERS, CHILDREN OR YOUTH WITH DISABILITIES (Disbursed on/ after 7/23/1992)<br><input type="checkbox"/> HEADSTART PROGRAM | <input type="checkbox"/> EARLY INTERVENTION - PUBLIC OR NON-PROFIT ELEMENTARY OR SECONDARY SCHOOL SYSTEM<br><input type="checkbox"/> NURSE/MEDICAL TECHNICIAN<br><input type="checkbox"/> SERVICE IN US ARMED FORCES<br><input type="checkbox"/> LAW ENFORCEMENT/CORRECTION OFFICER<br><input type="checkbox"/> VOLUNTEER SERVICE-PEACE CORPS, VISTA ACTION, DOMESTIC SERVICE<br><input type="checkbox"/> CHILD OR FAMILY SERVICE AGENCY- SERVICES TO HIGH-RISK CHILDREN AND FAMILIES FROM LOW INCOME COMMUNITIES |
| I DECLARE THAT I WAS/AM EMPLOYED FULL-TIME AS STATED ABOVE. I FURTHER DECLARE I WILL NOTIFY MY LENDER IMMEDIATELY OF ANY CHANGE IN MY STATUS. I FURTHER DECLARE IF, FOR ANY REASON, I AM UNABLE TO COMPLETE THE YEAR OF SERVICE FOR WHICH I AM REQUESTING CANCELLATION/DEFERMENT, I WILL BEGIN REPAYMENT OF MY LOAN.  |   |
| SIGNATURE OF BORROWER   | DATE  |

**PART II - CERTIFICATION (To be completed by appropriate official of institution or organization; see #4 above). Forms will be returned if information is missing.**

|   |   |
|---|---|
| I CERTIFY THAT THE BORROWER'S DECLARATION AS TO HIS/HER FULL-TIME EMPLOYMENT, THE COMPLETION OF HIS/HER SERVICE, AND THE DESCRIPTION OF HIS/HER DUTIES IS TRUE AND CORRECT. AN OFFICIAL JOB TITLE AND DESCRIPTION MUST BE PROVIDED WITH THIS FORM.  |   |
| <input type="checkbox"/> TEACHING-LOW INCOME STUDENTS<br><input type="checkbox"/> TEACHING SUBJECT MATTER-MATHEMATICS, SCIENCE, FOREIGN LANGUAGE, BILINGUAL EDUCATION<br><input type="checkbox"/> TEACHING- HANDICAPPED STUDENTS IN PUBLIC OR NON-PROFIT ELEMENTARY OR SECONDARY SCHOOLS (Disbursed prior to 7/23/1992)<br><input type="checkbox"/> TEACHING- SPECIAL EDUCATION OF INFANTS, TODDLERS, CHILDREN OR YOUTH WITH DISABILITIES (Disbursed on/ after 7/23/1992)<br><input type="checkbox"/> HEADSTART PROGRAM | <input type="checkbox"/> EARLY INTERVENTION - PUBLIC OR NON-PROFIT ELEMENTARY OR SECONDARY SCHOOL SYSTEM<br><input type="checkbox"/> NURSE/MEDICAL TECHNICIAN<br><input type="checkbox"/> SERVICE IN US ARMED FORCES<br><input type="checkbox"/> LAW ENFORCEMENT/CORRECTION OFFICER<br><input type="checkbox"/> VOLUNTEER SERVICE-PEACE CORPS, VISTA ACTION, DOMESTIC SERVICE<br><input type="checkbox"/> CHILD OR FAMILY SERVICE AGENCY- SERVICES TO HIGH-RISK CHILDREN AND FAMILIES FROM LOW INCOME COMMUNITIES |
| SPECIFIC DATES:<br>FROM _____ TO _____  |   |
| SIGNATURE OF REPRESENTATIVE   | DATE  |
| NAME OF INSTITUTION OR ORGANIZATION<br>ADDRESS (CITY, STATE, AND ZIP CODE)  | OFFICIAL SEAL OR STAMP OF ORGANIZATION<br>(If none, see instructions on back)   |

**PLEASE RETURN TO:**

**SAINT MARY'S UNIVERSITY OF MINNESOTA  
FEDERAL PERKINS LOAN PROGRAM  
700 TERRACE HEIGHTS #13  
WINONA, MN 55987-1399**

**FULL-TIME SERVICE ELIGIBILITY REQUIREMENTS FOR CANCELLATION OF REPAYMENT**

Deferment Categories:

- Student
- Rehabilitation Training
- Graduate Fellowship
- Internship/Residency
- Unemployment
- Economic Hardship
- Forbearance
- Military - Active Duty (connection with war operation or national emergency)

In addition, the following types of employment/service require deferment **prior to cancellation**.

- At-Risk Child Service
- Early Intervention
- Educational Services Agency
- Faculty Member Tribal College
- Firefighter
- Head Start
- Law Enforcement
- Librarians (in low income community with Master's degree)
- Military (area of hostility)
- Nurse/Med Tech
- Peace Corp
- Pre-K or Child Care Program
- Public Defenders
- Speech Language Pathologist - Master's degree
- Teacher - Low Income
- Teacher - Handicapped
- Teacher Shortage
- Bankruptcy (subject to bankruptcy laws)
- Disability
- Death

This chart is for reference only. Eligibility will be determined by the institution based on the information received and the federal regulations that apply. Contact the Perkins Office in Student Services at 1-877-304-4273, ext. 6670 or 507-457-6670 with any questions regarding eligibility.