

## **Instructions for Completing the Request for Student Loan Cancellation**

(rev. November 21, 2006)

This form is to be used to request a deferment for all of the following types of loans:

- National Direct Student Loan (NDSL)
- Federal Perkins Loan (PERK)

Please complete the appropriate sections and return the signed form to the Student Loan Billing and Payment Office at the address listed on the form.

This is a two part process:

### **Part 1:**

You must defer your loans for the twelve month period that you are requesting cancellation for. You must remain employed in a qualifying position for the entire period. If you change employers you must end the deferment for your previous employer and begin a deferment for your current employer. Your employment must be continuous.

**Part 2:** At the end of the deferment period you must submit this form to cancel the appropriate portion of your loan for the previous twelve month period and defer for the next twelve month period.

# REQUEST FOR STUDENT LOAN DEFERMENT & CANCELLATION

## For FEDERAL PERKINS LOANS ONLY (NDSL/PERK)

Yale University,  
 Student Loan Billing and Payment Office  
 PO Box 208338  
 New Haven, CT 06520-8338

Phone: 203-432-2727  
 Fax: 203-432-2725  
 Email: slac@yale.edu

**Instructions:** Complete all parts. Obtain the necessary certifications and return the form to Yale University at the address shown above. You must defer your loans for the twelve month period that you are requesting cancellation for. At the end of the deferment period you must submit this form to cancel the appropriate portion of your loan for the previous twelve month period and defer for the next twelve month period.

**Part I: Borrower Information**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Printed: (Last, First, MI)

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Part II: Deferment: for the period beginning \_\_\_\_\_, ending \_\_\_\_\_** (must equal one year)  
**Cancellation: for the period beginning \_\_\_\_\_, ending \_\_\_\_\_** (must be for the previous twelve month period)

I acknowledge that I must apply for cancellation after I have completed one year of full time service in once of the following areas (refer to your promissory note for more details):

- | Defer                    | Cancel                   |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Full time teacher in a low-income area (elementary or secondary school system)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Full time teacher of handicapped children or special education children   |
| <input type="checkbox"/> | <input type="checkbox"/> | Full time teacher in a shortage area teaching math, science, foreign language, other _____                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Full time provider of services to both high-risk children who are from low-income communities and the families of such children |
| <input type="checkbox"/> | <input type="checkbox"/> | Full time provider of early intervention services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Full time staff member in the educational part of a preschool program under the Head Start Act                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Full time: Nurse / Medical Technician / Physician's Assistant   |
| <input type="checkbox"/> | <input type="checkbox"/> | Full time law enforcement or corrections officer  |
| <input type="checkbox"/> | <input type="checkbox"/> | Full time active duty in the armed forces in an area of hostility or imminent danger  |
| <input type="checkbox"/> | <input type="checkbox"/> | Full time Peace Corp or ACTION volunteer  |

**Certification of Status for Deferment and Cancellation:** (Certification must be on an official letterhead if a seal or stamp is not available).  
 I certify that the borrower named above is stating true and accurate information.

Institution or Organization:	Certifying Official:	Official Stamp/Seal
_____	_____	
Name	Name (Printed)	
_____	_____	
Address	Title	
_____	_____	
Telephone	Signature	Date
_____	_____	_____

**Part III: Borrower's Certification**

I declare that all of the above information is true and accurate. I agree to notify Yale University immediately upon termination of my claimed status. I understand that not all loans qualify for all of the deferments listed above. I further understand that if for any reason, I am unable to complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan at the end of my six month post deferment grace period.

\_\_\_\_\_  
 Borrower's Signature \_\_\_\_\_  
 Date