

\*\*\* FORM MUST BE RETURNED WITHIN 15 DAYS \*\*\*

Request for Postponement/Cancellation

FOR NDSL and FEDERAL PERKINS LOANS

Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Date sent \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_ SS # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**A CANCELLATIONS / POSTPONEMENTS**

- Full time teaching in low income schools \*
- Full time teaching handicapped children – \*
- Full time teacher shortage area math, science or languages – \*
- Full time special education teacher – \*
- Service in Head Start – \*\*
- Full-time Librarian--**Service after August 14, 2008\*** ○
- Full time Speech-Language Pathologist--**Service after August 14, 2008\*** ○
- Full-time Faculty of a Tribal College or University--**Service after August 14, 2008\*** ○
- Law enforcement\*
- Public Defender--**Service after August 14, 2008\*** ○
- Firefighter --**Service after August 14, 2008\*** ○
- Full time nurse or medical technician – \*
- Full time provider of early intervention services – \*
- Full time family service provider – \*
- Military service in area of hostilities – \*
- Peace Corps or ACTION volunteer (Perkins Loans) \*\*\*
- Total and permanent disability
- Death

**Mailing Address:**  
**University of Denver**  
**2197 S University Blvd**  
**Denver, CO 80208-9404**  
**303-871-4901**  
**303-871-4401(fax)**  
**www.du.edu/bursar**

\*Up to 100%. 15% 1<sup>st</sup> & 2<sup>nd</sup> year; 20% 3<sup>rd</sup> & 4<sup>th</sup> year. 30% 5<sup>th</sup> year.  
\*\* Up to 100%. 15% for each year  
\*\*\*Up to 70%. 15% 1<sup>st</sup> & 2<sup>nd</sup> year; 20% 3<sup>rd</sup> & 4<sup>th</sup> year.  
○Other criteria applies to cancellation

**B CANCELLATION DATES**

Beginning (mm/dd/yy) \_\_\_\_\_ Ending (mm/dd/yy) \_\_\_\_\_

**C JOB TITLE AND JOB DESCRIPTION ( Please attach details if necessary )**

**D DECLARATION**

I declare that the information shown above is true and correct. I further declare that I will notify the University of Denver immediately upon any change in my status. I further understand that if for any reason, I am unable to complete the year of service for which I have requested postponement/deferment benefits, I will begin repayment of my loan, including postponed payments immediately.

Signature of Borrower \_\_\_\_\_ Date \_\_\_\_\_

**E CERTIFICATION STATUS This must be completed before form can be processed.**

Name of institution or organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Certifying Official \_\_\_\_\_  
Title of Certifying Official \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_ Phone No. \_\_\_\_\_

**OFFICIAL SEAL or STAMP**

If not available, attach letter on letterhead paper.

Postponement/Cancellation dates:

Beginning (mm/dd/yy) \_\_\_\_\_ Ending (mm/dd/yy) \_\_\_\_\_

Postponement/Cancellation forms must be submitted yearly.

**F Completed by the Lending Institution (for office use only)**

Beginning Date of Status \_\_\_\_\_ Ending Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_