



CANCELLATION and DEFERMENT REQUEST  
Federal Perkins Loan

**BORROWER INFORMATION (contact information below will be updated in account)**  
Name \_\_\_\_\_ Date \_\_\_\_\_  
DU ID# \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**DATES OF SERVICE FOR CANCELLATION**

Borrower may request 1 year term for cancellation and deferment; must be renewed with new paperwork each year.

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

Job Title \_\_\_\_\_

**CANCELLATION REASON - \*Please include supporting documentation listed below**

- Teaching - Low Income Schools
- Teaching - Handicapped Children
- Teaching - Shortage Area (math, science, or languages)
- Teaching - Special Education Teacher
- Law Enforcement
- Family Service Provider
- Provider of Early Intervention Services
- Nurse or Medical Technician
- Military Service in Hostile Area
- Public Defender - *service after August 14, 2008*
- Librarian - *service after August 14, 2008*
- Faculty of a Tribal College/University - *service after August 14, 2008*
- Speech-Language Pathologist - *service after August 14, 2008*
- Fire Fighter - *service after August 14, 2008*
- Peace Corps or ACTION Volunteer
- Service in Head Start
- Early Childhood Education Provider

*All work-related cancellations require full-time (at least 30 hours per week)*

Please visit <http://studentaid.ed.gov/repay-loans/forgiveness-cancellation/charts#perkins-loan-cancellation> as benefits can vary per cancellation reason.

**\*SUPPORTING DOCUMENTATION** \*\*Please view for criteria- <http://ifap.ed.gov/fsahandbook/attachments/1516FSAHbkVol6Ch4.pdf>

Requests for cancellation submitted without supporting documentation will be denied. Documentation may be the Certification Section below with an official seal or stamp, a letter on letterhead, or other supporting documentation (ex. Licensures), and should include; verification by a supervisor or organization of job title and description, full-time status, dates of service, population working with, and/or other details pertaining to cancellation reason.

**BORROWER CERTIFICATION**

I certify that all statements above are true and correct. If necessary for approval of this cancellation, I hereby authorize the University of Denver to verify and confirm information which I have furnished above. I understand that it is my responsibility to notify Student Debt Management at the University of Denver to any changes in my circumstances as stated above. I will also notify them of any changes to my name, social security number or contact information. ***I understand that to receive full benefit from cancellation of my Perkins Loan, I must submit a new form and documentation yearly.***

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

**CERTIFICATION**

To Be Completed by Certifying Official (C.O.)

OFFICIAL STAMP OR SEAL

Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of C.O. \_\_\_\_\_  
Title of C.O. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_

Dates of Service (mm/dd/yyyy)  
Beginning \_\_\_\_\_ End \_\_\_\_\_

*Seal or stamp must be visible, verify before submission (i.e. fax and scan).*

**Completed signed application may be faxed, emailed, or mailed to the University of Denver Bursar's Office at address above.**

OFFICE USE ONLY

Beginning Date of Status \_\_\_\_\_ End Date \_\_\_\_\_  
Signature of Reviewer \_\_\_\_\_ Date \_\_\_\_\_