

NDSL /PERKINS/ FEDERAL PERKINS STUDENT LOAN PROGRAM

Request for Partial Cancellation

To Cover: _____ to _____ Please file back between: _____

Part I - General Information (to be completed by borrower)

Name of Borrower	PSU ID #																			
Address	Name of Lending Institution The Pennsylvania State University Student Financial Services 108 Shields Building University Park, PA 16802 Contact us: www.bursar.psu.edu Phone No. (814) 865-0461 option 3 Fax No. (814) 865-6535																			
(Street)																				
(City) (State) (Zip Code)																				
Phone No. () -																				
INSTRUCTIONS: After completing each <u>calendar year</u> , the borrower should forward this form to the address given above. After final action, the lending institution will return a copy to the borrower. <p align="center">** MUST BE A COMPLETE CALENDAR YEAR **</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">This is to certify that I am (was)</th> <th style="width:20%;">From (month/year)</th> <th style="width:20%;">To (month/year)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Child or Family Services Agency</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Speech Language Pathologist</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Staff in a Pre-Kindergarten or Child Care Program</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Headstart Program</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Early Intervention Service Provider</td> <td></td> <td></td> </tr> </tbody> </table>			This is to certify that I am (was)	From (month/year)	To (month/year)	<input type="checkbox"/> Child or Family Services Agency			<input type="checkbox"/> Speech Language Pathologist			<input type="checkbox"/> Staff in a Pre-Kindergarten or Child Care Program			<input type="checkbox"/> Headstart Program			<input type="checkbox"/> Early Intervention Service Provider		
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Signature of Borrower		Date																		

Part II - Certification

I certify that the information stated in Part I above is true and correct. The person named above is/ has been participating/classified as: <input type="checkbox"/> Child or Family Services Agency <input type="checkbox"/> Speech Language Pathologist <input type="checkbox"/> Staff in a Pre-Kindergarten or Child Care Program <input type="checkbox"/> Headstart Program	
Signature of Official	Date
Name of Organization	Official Seal or Stamp
Address (Street, City, State, Zip Code) Phone Number:	

Part III - PSU Use Only

APPROVED AT: <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 30%		DISAPPROVED: <input type="checkbox"/> Reason:	
Loan Principal Canceled \$	Interest Canceled \$	Total Amount Canceled \$	Balance due after this transaction \$
Signature of Approving Official		Title	Date