NDSL /PERKINS/ FEDERAL PERKINS STUDENT LOAN PROGRAM

Request for Partial Cancellation

To Cover: to

Please file back between:

Name of Borrower	PSU ID #				
Address		Name of Lending Institution			
		The Pennsylvania State University			
(Street)		Student Financial Services			
		108 Shields Building			
(City) (State) (Zip Code)	University Park, PA 16802				
	Contact us:	http://www.	<u>sfs.psu.edu</u>		
Phone No. () -	Phone No. (814) 865-0461 option 3 Fax No. (814) 865-6535				
INSTRUCTIONS: After completing each <u>calendar year</u> , the borrower s	hould forward	this form to th	ne address give	en above.	
After final action, the lending institution will return a copy to the borrowe	er.				
** MUST BE A COMPLE	TE CALEND	AR YEAR **			
		From (mo	onth/year)	To (month/year)	
Child or Familiy Services Agency					
Speech Language Pathologist					
Staff in a Pre-Kindergarten or Child Care Program					
Headstart Program					
Early Intervention Service Provider					
Signature of Borrower			Date		
Part II - Certification					
I certify that the information stated in Part I above is true and correct.	he person na	med above is/	has been parti	cipating/classified as:	
Child or Familiy Services Agency					
Speech Language Pathologist					
Staff in a Pre-Kindergarten or Child Care Program					
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: DISAPPROVED:					
□ 15% □ 20% □ 30%	Reason:				
Loan Principal Canceled Interest Canceled	Total Amou	Total Amount Canceled Balance due after this transaction			
\$	\$		\$		
Signature of Approving Official	Title		Date		