

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 calendar year, the borrower should forward this form to the address given above.
 After final action, the lending institution will return a copy to the borrower.

**** MUST BE A COMPLETE CALENDAR YEAR ****

This is to certify that I am (was)	From (month/year)	To (month/year)
<input type="checkbox"/> Fire Fighter		
<input type="checkbox"/> Law Enforcement/Corrections Officer		
<input type="checkbox"/> Nurse/Medical Technician		
<input type="checkbox"/> Military		
<input type="checkbox"/> Peace Corps		
<input type="checkbox"/> Lawyer Employed by a Public Defender Organization		

Signature of Borrower	Date
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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:

Fire Fighter
 Law Enforcement/Corrections Officer
 Nurse/Medical Technician
 Military
 Peace Corps
 Lawyer Employed by a Public Defender Organization

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	