



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 - 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
Early Childhood Education Provider

Please visit https://studentaid.gov/manage-loans/forgiveness-cancellation/perkins as benefits can vary per cancellation reason.

\*SUPPORTING DOCUMENTATION

\*\*Please view for criteria- https://ifap.ed.gov/ilibrary/document-types/federal-student-aid-handbook 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 \_\_\_\_\_