

FEDERAL PERKINS LOAN PROGRAM Deferment/Cancellation Request

• Military Service •

GENERAL INFORMATION (Please Print)	LAST FOUR DIGITS OF SS# and/or UMID#
NAME:	XXX – XX UMID#
ADDRESS:	НОМЕ:
CITY, STATE, ZIP: Check here if	WORK: ext
E-MAIL ADDRESS:	CELL:
Section 1: TO BE COMPLETED BY BORROWER – Check Appropriate Box (see reverse for descriptions)	
I declare I am/was in service as: Member of the U.S Armed Forces entitled to special pay for duty subject to hostile fire or imminent danger for at least one full year. (Complete option #1 and/or #2 below and attach a copy of your orders)	
*You must provide exact location o	f area of hostilities or imminent danger:
	he U.S. Armed Forces called or ordered to active (Complete option #3 below and attach a copy of your orders)
I am requesting:	
1: DEFERMENT from/ to/ as I a	
2: CANCELLATION from/ to/ a	is I have completed one full year of service.
3: Extension of My Grace Period (Reservists ONLY)	
BORROWER'S DECLARATION: I declare all information provided in this request to be accruate and true. I understand that if, for any reason, I do not complete a full twelve (12) month period of full time service or if my service changes in anyway, I must immediately notify The University of Michigan Student Loan Collections Office. Further, I understand that if the change in my service does not meet the requirements for cancellation, I must immediately make arrangements to make payments of any amounts that have accrued on my loan.	
Signature of Borrower	Date
Section 2: TO BE COMPLETED BY AUTHORIZED MILITARY OFFICIAL	
By signing below, I certify that the above information is true and correct. Please attach proc applicant qualifies for special pay under Section 310 of the Title 37 of the U.S. code.	Uniteral Sear or Stamp
Name and Rank of Authorized Official Signature of Authorized Official	1
Address	
City, State, Zip Phone Number	Date
FOR UNIVERSITY OF MICHIGAN USE ONLY	
Deferred: From: To:	Processed By: Date:
Cancelled at:% Type: End Date:	Signature of U/M Official:
Loan Principal Cancelled Balance	
Loan Principal Cancelled Balance	

FEDERAL PERKINS LOAN CANCELLATION/DEFERMENT REQUEST

To qualify for the cancellation benefits listed below you must serve full time in an eligible capacity for a complete year (12 months). Upon receipt of your completed form, we will make a preliminary determination of your eligibility for cancellation. If it is determined that you **are not qualified** for cancellation, we will deny your deferment request and payments will be due as billed. If it is determined that you are eligible for cancellation, we will defer payments due during your year of full time service/employment. At the end of your year of service/employment, you must provide documentation of having fulfilled the requirements in order to receive partial cancellation of your loan.

NOTE:

• A form must be submitted *at the beginning* of your FULL TIME year of service/employment to DEFER payments while eligible service is performed.

• A form must be submitted *at the end* of your year to receive your partial cancellation.

• If you continue to work for the same employer, you may combine your deferment and cancellation requests onto one form. If you have had multiple employers you must file a separate form for each employer.

• Partial years do not qualify you for cancellation benefits.

Military

To qualify, you must be a member of the U.S Armed Forces entitled to special pay for duty subject to hostile fire or imminent danger for at least one full year. You must provide exact location of area of hostilities or imminent danger. Or you must be a member of the Reserve component of the U.S. Armed Forces called or ordered to active duty for a period of more than 30 days. You must attach a copy of your orders.

You are entitled to have up to 50 percent of the principal amount of their loan canceled for qualifying service that ended before August 14, 2008, and up to 100 percent canceled for qualifying service that began on or after August 14, 2008, as: A member of the Armed Forces of the United States in an area of hostilities that qualifies for special pay under section 310 of Title 37 of the United States Code.

• INSTRUCTIONS

- 1. Fully complete the form. (We will return it to the borrower unprocessed if any information is missing.)
- 2. Please print your form. Please sign and date your form. (Do not sign electronically).
- 3. Have your form certified by an authorized official of your employer. If your employer does not have an official seal or stamp, then they must submit a letter verifying your full time dates of employment on organization letterhead.
- 4. If you changed employers during the year, you must submit a form from *each* employer. In addition, there may be NO BREAKS between periods of employment.
- 5. Include an official job description.
- 6. Return forms and supporting documentation to:

The University of Michigan - Student Loan Collections Office 6000 Wolverine Tower • 3003 South State Street • Ann Arbor MI 48109-1287 Phone# (800) 456-0706 • Fax (734) 647-3804 • Email Address: <u>um-slc@umich.edu</u>