



FEDERAL PERKINS LOAN PROGRAM
Deferment/Cancellation Request

Military Service

GENERAL INFORMATION (Please Print)
NAME:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
LAST FOUR DIGITS OF SS# and/or UMID#
XXX - XX - UMID#
HOME:
WORK: ext.
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.
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.

I am requesting:

- 1: DEFERMENT from to as I anticipate completing one full year of service.
2: CANCELLATION from to as 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 accurate 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.

Signature of Borrower - By Checking this Box, I attest that this is my signature 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 proof if the applicant qualifies for special pay under Section 310 of the Title 37 of the U.S. code.

Name and Rank of Authorized Official
Signature of Authorized Official
Address
City, State, Zip
Phone Number
Date

Official Seal or Stamp
\*\*\*\*\* REQUIRED \*\*\*\*\*
(If none, a letter of certification on letterhead is required)

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 sign and date your form.
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.
5. Include an official job description.
6. If you have questions, please feel free to contact our office (see contact information below).
7. Return forms and supporting documentation to:

The University of Michigan - Student Loan Collections Office  
1000 Victors Way • Ann Arbor MI 48108  
Phone# (800) 456-0706 • Fax (734) 647-3804 • Email Address: [um-slc@umich.edu](mailto:um-slc@umich.edu)