



FEDERAL PERKINS LOAN PROGRAM

Deferment/Cancellation Request

● Child/Family Service Agency ● Early Intervention Services ● Speech Language Pathologist

GENERAL INFORMATION (Please Print)	LAST FOUR DIGITS OF SS# and/or UMID#
NAME: _____	XXX – XX - _____ UMID# _____
ADDRESS: _____	HOME: _____
CITY, STATE, ZIP: _____ ☐ Check here if New Address	WORK: _____ ext. _____
E-MAIL ADDRESS: _____	CELL: _____

Section 1: TO BE COMPLETED BY BORROWER – Check Appropriate Box (see reverse for descriptions)

☐ Child/Family Service Agency ☐ Early Intervention Services ☐ Speech Language Pathologist

❖ YOU MUST ATTACH AN OFFICIAL JOB DESCRIPTION ❖

◆ Start date of FULL TIME employment: ____/____/____ mm dd yy ◆ End date of FULL TIME employment: ____/____/____ mm dd yy

◆ Are you still employed FULL TIME?: Yes ☐ No ☐

I am requesting:

____ DEFERMENT from ____/____/____ to ____/____/____ as I anticipate completing one full year of service.

____ CANCELLATION from ____/____/____ to ____/____/____ as I have completed one full year of service.

BORROWER'S DECLARATION:

I declare that I am presently employed **full time** as described above. 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 - By Checking this Box, I attest that this is my signature

Date

Section 2: TO BE COMPLETED BY EMPLOYER

I certify the above statements concerning this employee's **FULL TIME** employment are true and accurate. I also affirm that the borrower's service complies with the appropriate qualifying description on the back of this request form.

Name of Employer

Signature of Authorized Official of Employer

Address of Employer

Title

City, State, Zip

Phone Number

Date

Official Seal or Stamp

***** REQUIRED *****

If not available, a letter of certification on employer letterhead verifying full-time dates of employment & job description 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.

Child/Family Services

To qualify, you must be employed **full-time** in a public or private non-profit child or family service agency. **Note: To receive loan cancellation for being employed at child or family services, a borrower must be providing or supervising the provision of services only to high-risk children who are from low-income communities. 34 CFR 674.56(b).** You may also be providing services to adults, but these adults must be members of the families of the children for whom services are provided. The services provided to adults must be secondary to the services provided to the high-risk children. High-risk children are those under the age of 21 who are low income or at risk of, or have been, abused or neglected, have serious emotional, mental or behavioral disturbances, reside in placements outside their home, or are involved in the juvenile justice system. The Department of Education has determined that an elementary or secondary school system or a hospital is **not** an eligible employing agency. **You must provide a job description.**

Early Intervention

To qualify, you must be employed **full-time** as a qualified professional provider of early intervention services to infants and toddlers with disabilities (birth to age two) in a public or other non-profit program under public supervision. **Provide a job description detailing your duties, the ages of children served, and the types of services provided.**

Speech Language Pathologist

To qualify, you must be employed **full-time** as a speech-language pathologist who has a master's degree and who is working exclusively with schools that are eligible for assistance under title I of the Elementary and Secondary Education Act of 1965. **Eligibility for this benefit begins 08/2008. You must provide documentation evidencing your master's degree.**

Cancellation Rate

15% for 1ST and 2ND year 20% for 3RD and 4TH year 30% for 5TH year
Maximum cancellation of 100% of original loan

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 • Email Address: um-slc@umich.edu