FEDERAL PERKINS LOAN PROGRAM
Deferment/Cancellation Request

● Firefighter ● Medical Technician ● Nurse

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)

☐ Firefighter ☐ Medical Technician ☐ Nurse

Medical Technicians and Nurses must be certified, registered or licensed by the state.

I am certified, registered or licensed in the field of _____.

You must provide a copy of your license

❖ 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 <u>do not</u> qualify you for cancellation benefits.**

Firefighter	To qualify, you must be employed **full-time** as a fire fighter for service to a Federal, State or Local fire department or fire district. ***Eligibility for this benefit begins 08/2008.***
Medical Techinician	To qualify, you must be employed as a **full-time** medical technician *providing health care services*. The borrower must provide health care services *directly* to patients. A Medical Technician is an allied health professional (working a fields such as therapy, dental hygiene, medical technology, or nutrition). **You must be certified, registered, or licensed** by the appropriate State agency in the State in which you provide health care services. You must assist, facilitate, or complement the work of physicians or other specialists in the health care system. **Provide a job description**. **You must provide a copy of your license.**
Nurse	To qualify, you must be employed as a licensed, **full-time** practical nurse, registered nurse or other individual who is licensed by the appropriate State agency to provide nursing services. The borrower must provide health care services *directly* to patients. **Provide a job description**. **You must provide a copy of your license.**
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