

# THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA

## FEDERAL PERKINS (NDSL) STUDENT LOAN POSTPONEMENT/DEFERMENT AND CANCELLATION REQUEST

### PART I

Name of Borrower _____	Home Phone (____) _____
Address (street, apt. no.) _____	Cell Phone (____) _____
City, State, Zip _____	Work Phone (____) _____
Email Address _____	Soc. Sec. Number _____
Name of School, Employer, Volunteer Organization _____	

### PART II

**A. Check ONE of the full-time employment/volunteer cancellations listed below:**

<input type="checkbox"/> Full-time Nurse, Medical Technician/Allied Health, Firefighter (providing Health care Services)(100%)	<input type="checkbox"/> Full-time Provider of early intervention services (100%)
<input type="checkbox"/> Full-time Law Enforcement/Corrections Officer or Public Defense Lawyer (100%)	<input type="checkbox"/> Full-time faculty at Tribal College or University (100%)
<input type="checkbox"/> Full-time Military serving in Hostile Area before Aug 14, 2008 (50%), serving after Aug 8, 2008 (100%)	<input type="checkbox"/> Full-time Peace Corp/Action Volunteer (70%)
<input type="checkbox"/> Full-time Teacher in public non-profit elem. Or secondary school system (100%)	
<input type="checkbox"/> Full-time Special Education or handicapped Teacher in public non-profit elem. Or secondary school (100%)	
<input type="checkbox"/> Full-time Head Start, Pre-Kindergarten or Child Care Program Staff that is licensed or regulated by the state (100%)	
<input type="checkbox"/> Full-time Librarian with master's degree and working in Title I eligible school or public library serving a Title I school (100%)	
<input type="checkbox"/> Full-time Teacher in mathematics, science, foreign languages, bilingual, or in shortage area as determined by state education agency (100%)	
<input type="checkbox"/> Full-time Child or Family Service Agency or Speech Pathologist with master's degree and working exclusively in Title I eligible schools (100%)	

**B. Give job title and brief statement of duties (Employer must attach copy of job duties)**

---

**C. School/employing agency (check type)**  
 1.  Public (non-profit)  Private non-profit  
**Is your employer a public funded school/agency?**  Yes  No  
 If yes, what source?  local  State  Federal

Legal Name of School/Employing Agency \_\_\_\_\_

County School District (This line for teachers only.) \_\_\_\_\_

City State Zip \_\_\_\_\_

**Benefit /Employment Period Certifying Official must Initial Altered Dates**

2.  Postponement/Deferment Beginning and Ending  
 (Borrower Must Fill in Dates) \_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/

2.A Med Tech/RN Lic. Date \_\_/\_\_/\_\_/ Enclose copy of certificate and license if not on file in our office

3.  Cancellation Beginning and Ending  
 (Borrower Must Fill in Dates) \_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/

3.A Teachers only check one  
 I will teach next school year \_\_\_\_\_ to \_\_\_\_\_  
 I will **not** teach next school year

**D. Declaration (Borrower Signature)** I am employed full-time and I declare that the information shown above is true and accurate. I further declare that I will notify The University of Tennessee at Chattanooga immediately upon change in my status. I further understand that if for any reason, I am unable to complete the year of service for which I have requested postponement/deferment benefits, I will begin repayment of my loan, including postponed/deferred payments, immediately.

**E. Certification of Employment/Military Benefit Period. Borrower must obtain proper certification from employer or service unit before eligibility can be determine.**

Name of School, Place of Employment or Service Unit \_\_\_\_\_

Address Phone No. \_\_\_\_\_

City State Zip \_\_\_\_\_

**Certifying Official must CHECK ONE box below and one area of employment:**

I certify employee is a registered, licensed or certified \_\_Nurs \_\_Med Tech (specify type) \_\_\_\_\_

I certify employee is a \_\_Law \_\_Correction \_\_Probation Officer \_\_Firefighter (check one)

I certify employee is a provider of early intervention services; the majority are children

I certify that this is a public \_\_Head Start \_\_Elementary \_\_Middle \_\_High School.

I certify that this is a non-profit elementary or secondary school registered by the State Education Agency (**Letter of registration must be attached by certifying Official.**)

I certify that this is a public/private non-profit child or family services agency (for low income families only)

I certify that employee is in \_\_Peace Corps \_\_Action Program \_\_Military Hostile Area

**By signing this form, you certify the employment/volunteer information stated in A-D is true and correct.**

Signature of Certifying Official _____	This space for official seal or stamp. <b>If not available</b> , an official letter of certification is required. <b>Form will not be processed if omitted</b>
Print Name of Certifying Official _____	
Title of Certifying Official _____	
Date _____	

**SIGNATURE OF BORROWER REQUIRED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART III Completed By UTC Official Only**

Loan Type \_\_\_\_\_ Cancellation Type \_\_\_\_\_ Total Cancelled \_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Approved	Principal Cancelled _____ Interest Cancelled _____ New Loan Balance \$ _____	<input type="checkbox"/> 1st year - 15% <input type="checkbox"/> 5th year - 30% <input type="checkbox"/> 2nd year - 15% <input type="checkbox"/> Head Start - 15% <input type="checkbox"/> 3rd year - 20% <input type="checkbox"/> 12% per year <input type="checkbox"/> 4th year - 20%
---	--	--

**Completed By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

