

# Tennessee Tech University

## Firefighter Cancellation Form

Please return this form immediately. Incomplete forms will not be accepted.

### Borrower Information

|  |  |
|--|--|
| Name                                   |  |
| Address                                |  |
| Email Address                          |  |
| Account Number                         |  |
| Day Phone / Evening Phone / Cell Phone |  |

Mail this form to:

Tennessee Tech University  
Loan Accounting  
PO Box 5037  
Cookeville, TN 38505

### Section 1: Perkins Cancellation Type

This is to certify that I am requesting a cancellation for being a firefighter.

I hereby apply for cancellation of a portion of my Federal Perkins Loan(s). I am a full-time firefighter for a local, State, or Federal fire department or fire district.

This loan will be canceled at the following rates:

- 15 percent of the original principal loan amount for each of the first and second years
- 20 percent of the original principal loan amount for each of the third and fourth years
- 30 percent of the original principal loan amount for the fifth year

### Section 2: Certification Period

Please complete all of the following that apply:

|                          |  |                        |  |
|--------------------------|--|------------------------|--|
| Employment Start<br>Date |  | Employment End<br>Date |  |
|--------------------------|--|------------------------|--|

### Section 3: Borrower Signature

I will also be employed next year.

I declare that the information above is true and correct. I further declare that I will notify Tennessee Tech University immediately upon any change in my status.

|                    |  |      |  |
|--------------------|--|------|--|
| Borrower Signature |  | Date |  |
|--------------------|--|------|--|

**Section 4: Certification by School, Agency, or Institution**

I certify that the information stated above is true and correct.

|   |  |
|---|--|
| Name of Employer                          |  |
| Employer Address                          |  |
| City / State / ZIP                        |  |
| Phone                                     |  |
| Signature of Authorized Official and Date |  |

This form must be stamped with the organization's seal or stamp, or letterhead must be sent stating that no seal or stamp is available.

**For Institutional Use Only**

| % Canceled | Canceled Amount (\$) | Official Name | Date | Official Name | Date |
|------------|----------------------|---------------|------|---------------|------|
|------------|----------------------|---------------|------|---------------|------|