

## Tennessee Tech University

### Request for Head Start Cancellation

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	
Lending Institution (OPE #00352300)	

Mail this form to:

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

#### Section 1: Request for Cancellation

I hereby apply for cancellation of a portion of my Federal Perkins student loan(s). I was a full-time staff member of a Head Start program for a full year.

#### Section 2: Certification Period

Employment Start Date		Employment End Date	
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I will continue Head Start work next year.

If for any reason I am unable to complete the year of service, I will begin repayment of my loan, including all postponed, current, and past due payments immediately.

**Section 3: Borrower Signature**

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

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

Employed by School, Department, or Agency	
County	
Address	
City / State / ZIP	
Phone	
Description of Exact Duties	
Signature of Authorized Official and Date	

If a seal or stamp is not available, official letterhead must be attached stating that no seal or stamp is available.

**For Institutional Use Only**

% Canceled	Canceled Amount (\$)	Official Name	Date	Notes
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