



Tennessee Tech University

Military Service Cancellation Form

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

Name/Address: _____

Mail form To: Tennessee Tech University
Loan Accounting
PO Box 5037
Cookeville, TN 38505

Email Address: _____ Account Number: _____

Day Phone # _____ Evening phone # _____ Cell Phone# _____

Lending Institution Tennessee Technological University OPE # 003523
Section 1 Perkins Cancellation Type

This is to certify that I am requesting a: **Military Service Cancellation**
Please submit a copy of your official military orders

I hereby apply for cancellation of a portion of my Federal Perkins Loan(s). Effective 8/14/2008: 100% of a Perkins Loan may be cancelled, over a five year period, if the borrower has served in full-time active duty in the armed forces (the US Army, Navy, Air Force, Marine Corps, or Coast Guard), the National Guard, or the Reserves in an area that qualifies for special pay under Section 310 of Title 37 of the US Code (Previously was 50% over a four year period.) Otherwise, I am entitled to have up to 50 percent of the principal amount of this loan canceled for qualifying service that ended before August 14, 2008

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 applies:

My year of Combat duty began _____ and ended _____

Section 3 Borrower Signature

Hazardous duty service will continue for the current year also.

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

Borrower Signature: _____ Date: _____

Section 4 Certification by School/Agency/Institution

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

Name of employer _____

Address _____

City _____ State _____ Zip _____ Phone _____

Signature of Authorized Official _____ Date _____

Printed Name and Title _____

OFFICIAL
SEAL OR STAMP

****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

%Canc _____ Amt Canc \$ _____ Official Name _____ Date _____

Official Name _____ Date _____