

Tennessee Tech University

Nurse or Medical Technician 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 cancellation as a Nurse or Medical Technician.

I hereby apply for cancellation of a portion of my Federal Perkins Loan(s). I am a full-time nurse providing health care services, or a full-time medical technician providing health care services.

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

Employment Start Date		Employment End Date	
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I will also be employed next year.

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.

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
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