



# Tennessee Tech University

Loan Accounting, PO Box 5037, Cookeville, TN 38505

Fax—931-372-3898, office—931-372-3027

## Request for Cancellation of Perkins Loan Special Education Teacher Cancellation Form

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

Name/Address: \_\_\_\_\_ Last Four Digits of your  
 \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address: \_\_\_\_\_ T #: \_\_\_\_\_  
 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 cancellation for being a: **Special Education Teacher**  
 I hereby apply for cancellation of a portion of my Federal Perkins Loan(s). I am a full-time special education teacher in a public or nonprofit elementary or secondary school system, including a system administered by an educational service agency.

**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:**

I have taught a full year from: Starting date: \_\_\_\_\_ and ended: \_\_\_\_\_

**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 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**

Loan # \_\_\_\_\_ CXT5 \_\_\_\_\_ % Amt Canc \$ \_\_\_\_\_ Years canc \_\_\_\_\_ DFT5 Years Deferred \_\_\_\_\_  
 Official Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Official Signature \_\_\_\_\_ Date \_\_\_\_\_