REQUEST FOR CANCELLATION - FEDERAL (Please complete in ink)	L PERKINS LOAN, IN	ISTITUTIONAL LOANS	www.heartlandecsi.net
Name	Lending Institution		16 Digit Account Number
Address	_		
Home phone: () Work Phone: () Cell Phone: ()	Dates Requested (mm/dd/yy): Begin Date: End Date:		Return Form to: UCSF - Controller's Office Attn: Student Accounts 1855 Folsom St., MCB 425, Box 0815
Email:			San Francisco, CA 94143-0815
Driver's License #/State:	Birthdate:		
You may qualify for one of the following par your original promissory note. Please visit of			
Full-time Teacher of:		Other Service Cancellations (must serve full-time):	
□ Elementary/Secondary low-income school determined by the Federal Government □ Special Education for Infants/Toddlers/Youth with Disabilities – classroom must be 100% Special Education Indicate of type of specialty □ Mathematics, Science, Foreign Language, Bilingual Education or state designated shortage area Subject taught: □ Head Start Service Cancellation available after 8/14/08: □ Pre-K staff member service □ Tribal College/University Faculty Name of School or Employing Agency: County/ School District		 □ Criminal Law Enforcement/Corrections Officer □ Nurse/Medical Technician □ Child/Family Services to high-risk children from low-income communities under 21 years of age □ Early Intervention Services (under the age of 3) □ Peace Corps/Volunteer Services □ Military Service (Combat for at least one year in an area of hostility/imminent danger) □ Surviving spouse of eligible public servant - 9/11 attacks Service Cancellations available after 8/14/08: □ Firefighter (Full-time employment) □ Attorney employed in a defender organization □ Librarian serving Title I school	
			ement on employer letterhead with full luties and copy of job license.
City State	Zip	• • •	
DEFERMENT FOR PRE-CANCELLATION SE I expect to be eligible for a cancellation for a full year of service (in the category specifical declare that the information shown above any change in my status. If I am unable to a limit begin loan repayment immediately. Borrower Signature:	or the period(mm/dd/ ied above) at which is true and accurate complete the year of	(yy) (mm/dd/yy) time I will provide the p . I further declare that service for which I hav	I will notify my lender immediately upon e applied for cancellation or deferment
CERTIFICATION OF EMPLOYMENT/ENLIST Name of Employer: Address: Phone: ()			Official Stamp or Seal
☐ I certify that the information stated above is correct. Employment Status: Full Time Less than Full-Time – number of hours per week Employed From: To: (mm/dd/yy) Signature of Certifying Officials			letterhead: Name of employee
Signature of Certifying Official: Title of Certifying Official:			Job title and duties Dates of employment i.e. mm/dd/yy through mm/dd/yy Job Status – Full time or Part time