

NDSL /PERKINS/ FEDERAL PERKINS STUDENT LOAN PROGRAM

Request for Partial Cancellation

To Cover: _____ to _____ Please file back between: _____

Part I - General Information (to be completed by borrower)

Name of Borrower	PSU ID #	
Address	Name of Lending Institution	
(Street)	The Pennsylvania State University	
(City) (State) (Zip Code)	Student Financial Services	
	108 Shields Building	
	University Park, PA 16802	
Phone No. () -	Contact us: www.bursar.psu.edu	
	Phone No. (814) 865-6528, option 5	Fax No. (814) 865-6535

INSTRUCTIONS: After completing each calendar year, the borrower should forward this form to the address given above.
 After final action, the lending institution will return a copy to the borrower.
**** MUST BE A COMPLETE CALENDAR YEAR ****

This is to certify that I am (was)	From (month/year)	To (month/year)
<input type="checkbox"/> Child or Family Services Agency		
<input type="checkbox"/> Speech Language Pathologist		
<input type="checkbox"/> Staff in a Pre-Kindergarten or Child Care Program		
<input type="checkbox"/> Headstart Program		
<input type="checkbox"/> Early Intervention Service Provider		

Signature of Borrower	Date
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Part II - Certification

I certify that the information stated in Part I above is true and correct. The person named above is/ has been participating/classified as:

Child or Family Services Agency
 Speech Language Pathologist
 Staff in a Pre-Kindergarten or Child Care Program
 Headstart Program

Signature of Official	Date
Name of Organization	Official Seal or Stamp
Address (Street, City, State, Zip Code) Phone Number:	

Part III - PSU Use Only

APPROVED AT: <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 30%	DISAPPROVED: <input type="checkbox"/>		
Reason:			
Loan Principal Canceled \$	Interest Canceled \$	Total Amount Canceled \$	Balance due after this transaction \$
Signature of Approving Official	Title	Date	