

PORTLAND STATE UNIVERSITY - PERKINS LOAN PROGRAM

Public Service Deferment/Cancellations

Firefighters, Librarians, Speech & Language Pathologists, Facility members at a Tribal College or University

See Information and Directions on the back. This form must be signed by an official in the agency to certify the borrower's service.

PART I -- TO BE COMPLETED BY THE BORROWER

Name _____ Acct. # _____ Email _____

Address _____ street _____ city _____ state _____ zip _____ telephone number _____ work number _____

COMPLETE THIS SECTION IF YOU WILL BE EMPLOYED FULL-TIME FOR THE UPCOMING YEAR in a position that qualifies by the definition on the back.

Employer: _____ Job Title _____

Period of deferment: from _____ to _____ month/day/year month/day/year

IMPORTANT: YOU MUST ATTACH AN EMPLOYER CERTIFIED JOB DESCRIPTION

I claim exemption from payment of principal and interest on my Perkins Loan during the one year period indicated above due to my employment as indicated on the second page (back). I agree to notify the lending institution immediately upon termination of my employment.

Signature _____ Date _____

COMPLETE THIS SECTION IF YOU HAVE COMPLETED A YEAR OF SERVICE in a position that qualifies by the definition on the back.

I was employed full time in a qualifying position, as indicated on the second page (back), and am requesting cancellation of my loan for a one year period

from: _____ to _____ Employer: _____ month/day/year month/day/year

Job Title _____ If you have not already submitted an employer certified job description for this job, you must do so with this form.

Signature _____ Date _____

PART II - TO BE COMPLETED BY THE CERTIFYING AUTHORITY

I certify that the information in Part I is true and correct.

OFFICIAL SEAL OR STAMP (If none, include signed letter of certification.)

Signature & Title _____ Date _____

Name of Organization _____

Address _____ (city/state/zip) Telephone number _____

RETURN COMPLETED FORM TO: P.S.U. PO Box 202 Portland, OR 97207 - 0202

PART III -- TO BE COMPLETED BY THE LENDING INSTITUTION

___1st year/15% ___2nd year/15% ___3rd year/20% ___4th year/20% ___5th year/30%

Principal canceled \$ _____

Signature and Title of Approving Official

Principal balance due after this transaction \$ _____

INFORMATION AND DIRECTIONS

This form will not be processed if: borrower's name is missing/ dates are missing or incorrect/
 Acct. No. is not listed/ it is not certified

Payments for periods before the borrower qualifies for deferment/cancellation can not be canceled or deferred. No payment made during a period for which a borrower qualified for a cancellation may be refunded unless the borrower made the payment because of the school's error.

If you qualify for both, you may use this form for one year's cancellation and the next year's deferment. Make sure you get the correct dates in each section.

When the cancellation has been processed, a copy will be sent to the borrower for his or her records.

No portion of any loan may be cancelled for services the borrower performed before the date the loan was disbursed, or during the same period he or she received the loan.

The Higher Education Opportunity Act signed into effect on August 14, 2008 provided a cancellation benefit for work performed in a qualifying position on or after August 14, 2008 for the following categories regardless of whether the cancellation category appears on the borrower's promissory note.:

Full-time fire fighters with a local, State, or Federal fire department or fire district;

Full-time faculty members at a Tribal College or University;

Librarians with a master's degree in library science who are employed in an elementary or secondary school that qualifies for Title I funding, or in a public library that serves a geographic area that includes one or more Title I schools [full time employment is required];

Full-time speech-language pathologists with a master's degree who are working exclusively with Title I eligible schools