

REQUEST FOR POSTPONEMENT/CANCELLATION FORM

PLEASE READ YOUR PROMISSORY NOTE TO DETERMINE WHAT DEFERMENT AND/OR CANCELLATION BENEFITS APPLY TO YOUR LOAN.

SECTION 1 PERKINS CANCELLATION TYPE

THIS IS TO CERTIFY THAT I AM EMPLOYED FULL TIME AS A:

- _____ TEACHER IN A DESIGNATED SCHOOL LISTED IN THE 'FEDERAL REGISTER'
- _____ STAFF MEMBER PERFORMING QUALIFIED SERVICE UNDER THE HEADSTART ACT
- _____ TEACHER OF HANDICAPPED CHILDREN AS INDICATED IN YOUR PROMISSORY NOTE OR QUALIFIED PROVIDER OF EARLY INTERVENTION SERVICES
- _____ LAW ENFORCEMENT/CORRECTIONS OFFICER FOR AN ELIGIBLE LOCAL, STATE OR FEDERAL AGENCY (AFTER 11-29-90)
- _____ TEACHER OF MATHEMATICS, SCIENCE, FOREIGN LANGUAGES, BILINGUAL EDUCATION (LOANS AFTER 7-23-92)
- _____ NURSE - PROVIDING HEALTH CARE SERVICES - **MUST PROVIDE COPIES OF LICENSE/CERTIFICATION**
- _____ MEDICAL TECHNICIAN - PROVIDING HEALTH CARE SERVICES - **MUST PROVIDE COPIES OF LICENSE/CERTIFICATION**
- _____ SERVICE AGENT PROVIDING OR SUPERVISING THE PROVISION OF SERVICES TO HIGH RISK CHILDREN FROM LOW-INCOME COMMUNITIES AND FAMILIES OF SUCH CHILDREN (AFTER 7-23-92)
- _____ MILITARY SERVICE CANCELLATION
- _____ PEACE CORP VOLUNTEER OR AMERICORP VISTA VOLUNTEER

SECTION 2 CERTIFICATION PERIOD

Please complete the following, which apply:

POSTPONEMENT PERIOD STARTING DATE _____ ENDING DATE _____
CANCELLATION PERIOD STARTING DATE _____ ENDING DATE _____

If for any reason I am unable to complete the YEAR of service, I will notify the office immediately.

SECTION 3 BORROWER SIGNATURE

I DECLARE THAT THE INFORMATION ABOVE IS TRUE AND CORRECT. I FURTHER DECLARE THAT I WILL NOTIFY BOWLING GREEN STATE UNIVERSITY STUDENT LOAN OFFICE IMMEDIATELY UPON ANY CHANGE IN MY STATUS.

Borrower's Signature: _____ SSN: _____

Borrower's Name: _____ Date: _____
(Please Print)

SECTION 4 CERTIFICATION BY EMPLOYER

I certify that the information stated above is true and correct.

TEACHER'S ONLY:

NAME OF SCHOOL _____

ADDRESS OF SCHOOL: _____

SCHOOL DISTRICT: _____ COUNTY: _____

OTHER:

EMPLOYED BY: _____ ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

Description of exact duties must accompany this request(ATTACH JOB DESCRIPTION)

Signature of Authorized Official _____

Title and Date _____

INVALID WITHOUT OFFICIAL SEAL OR STAMP OR VERIFICATION ON EMPLOYER LETTERHEAD

FOR INSTITUTIONAL USE ONLY

Approved _____ Disapproved _____
Official Name Date

TO CLAIM EXEMPTION OF PAYMENT AND ELIMINATE THE GENERATION OF PAST DUE NOTICES, PLEASE RETURN THIS CERTIFIED FORM TO:
BOWLING GREEN STATE UNIVERSITY
OFFICE OF THE BURSAR - STUDENT LOAN COLLECTIONS
407 ADMINISTRATION BUILDING
BOWLING GREEN, OH 43403-0101

THIS FORM WILL BE RETURNED TO THE BORROWER IF IT IS INCOMPLETE.

Revised 11/07