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SECTIONS A-E MUST BE COMPLETED FULLY
BORROWER MUST COMPLETE ALL SHADED AREAS
Federal Perkins (NDSL) Student Loan - Request for Cancellation
(Use reverse side for deferment)

Please print

Name, Social Security No., Program and Loan Nos. on billing statement, Address, Check if new address, City, State, Zip, Day telephone, Evening telephone, Institution that granted this loan(s), Return to: EFG Technologies, P.O. Box 2901, Winston-Salem, NC 27102-2901

You may qualify for the following partial loan cancellation benefits, regardless of the terms or your promissory note: FULL-TIME TEACHER in a public or nonprofit elementary or secondary school designated by the Secretary of Education as having a high concentration of low-income students, and in which more than 30 percent of the school's enrollment is Title I children, according to the list published annually in the Federal Register; full-time SPECIAL EDUCATION TEACHER, including teachers of infants, toddlers, children and youth with disabilities in a public or nonprofit school system; FULL-TIME TEACHER IN A FIELD OF EXPERTISE such as mathematics, science, foreign languages, bilingual education or other fields where the state education agency determines there is a shortage of qualified teachers; full-time educational staff member in a HEAD START PROGRAM carried out under the Head Start Act (formerly under the Economic Opportunity Act of 1964), validation must be attached; active duty service in the MILITARY in an area of hostilities that qualifies for special pay under Section 310 of Title 37 of the U.S. Code; volunteer service under the PEACE CORPS Act or Domestic Volunteer Service Act of 1973 (VISTA); service as a LAW ENFORCEMENT OR CORRECTIONS OFFICER in an eligible local, state or federal agency - the agency must be publicly funded and its principal activities must pertain to crime prevention, control or reduction or enforcement of criminal law, and your principal responsibilities are unique to criminal justice system; full-time employment for 12 consecutive months as a NURSE or MEDICAL TECHNICIAN providing health care services; working full time in a public or private nonprofit child or family service agency for 12 consecutive months providing or supervising the provision of SERVICES TO HIGH-RISK CHILDREN from low-income communities and families of such children; full-time employment for 12 consecutive months as a qualified professional PROVIDER OF EARLY INTERVENTION SERVICES in a public or nonprofit program authorized in Sect. 676(b)(9) of the Individuals with Disabilities Education Act.

NOTE: If the service or employment for which you are claiming partial loan cancellation is not included in your promissory note, then the service or employment must start October 7, 1998, or after. If this case, teachers employed in a year-around program may qualify if the school year began on or after July 1, 1998.

Two forms are required for each year, a Request for Deferment submitted at the beginning of the year and a Request for Cancellation at the end of that year's service.

A. Cancellation or Deferment

CHECK BLOCK(S) FOR TYPE OF SERVICE

- Pre-Kindergarten, Middle School, Kindergarten, High School, Elementary, Head Start*, Spec. Ed.: Attach a description of your students or clients and the percentage of disabled in the classroom. Law Enforcement*, Vocational, Nurse/Med Tech*, Peace Corps/VISTA, Child/Fam Service*, Military (Combat)

Legal Name of School or Employing Agency

County School District

City State Zip

B. Employment or Enlistment Period (must be one complete year)

Deferment in Anticipation of Cancellation, Cancellation, Beginning and Ending Mo. Day Yr.

C. Job Title/Description/Subjects Teaching

Received/Pass Date, State Board Date(s), Med Tech/RN Lic. Date(s), Must complete for nurse/med tech.

D. Declaration

I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan immediately.

Signature of borrower (required) Date

E. Certification of Employment or Enlistment Period

Name of School, Place of Employment or Service Unit

Address Phone No.

City State Zip

- I certify that this is a public elementary or secondary school. I certify that this school is operated by the Bureau of Indian Affairs. I certify that this is a private or public nonprofit elementary or secondary school registered by the STATE EDUCATION AGENCY (verification should be attached by certifying official). I certify Peace Corps/VISTA. I certify that this is a public or private nonprofit child or family service agency. I CERTIFY THAT THE BORROWER IS EMPLOYED FULL TIME.

Signature of Certifying Official Date

Title of Certifying Official

*Note: Altered dates must be initialed by Certifying Official

This space for Institutional Seal. If not available, provide official letter of certification.

SEAL

For lending institution only:

- Cancellation approved, Deferment approved, Principal Cancelled \$, Defense (10%, 15%), Request disapproved Interest Cancelled \$, Perkins (15%, 20%, 30%)

Teaching, Peace Corps, VISTA, Law Enforcement, Head Start, Nurse, Med Tech, Child-Family Service

Signature Date

Internal use only: Date Analyst's Initials

Table with columns: Last 3 digits Program No., SEQ No., Type, Begin Mo. Year, End Mo. Year, Comment. Rows include Principal cancelled and Interest cancelled.

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SECTIONS A-D MUST BE COMPLETED FULLY
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(Use reverse side for cancellation)

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Name, Social Security No., Program and Loan Nos. on billing statement, Address, Check if new address, City, State, Zip, Day telephone, Evening telephone, Institution that granted this loan(s), Return to: EFG Technologies P.O. Box 2901, Winston-Salem, NC 27102-2901

A. Deferment: Check one block for deferment type. Table with columns: DEFERMENT CONDITION, All loans disbursed on or after 7/1/93, Federal Perkins disbursed on or after 7/1/87 but before 7/1/93, National Direct disbursed on or after 10/1/80 but before 7/1/93, National Direct disbursed before 10/1/80, NOTES. Rows include: At least Half-time student, Rehabilitation Training, Graduate Fellowship, Internship/residency, Dental residency, Inability to secure full-time job, Economic Hardship, Full-time volunteer, for tax-exempt org., Peace Corps/Action, U.S. Armed Services, Service Eligible for Cancellation, Officer in PHS, NOAAC, Temporary total disability borrower/spouse, Care of totally disabled dependent, Mother returning to work, Parental leave.

B. Dates deferment requested. Altered dates must be initiated by certifying official. Check if you intend to enroll next semester/quarter. C. Borrower signature (required). I declare that the information above is true and accurate. Signature of borrower (required). Date

Internal Use Only: Date processed, Analyst's initials, Comment, Last 3 digits Program No., SEQ No., Type, Begin Mo. Year, End Mo. Year (repeated three times)

*Additional documentation required. Please contact servicer. + In anticipation of cancellation # For periods beginning 10/07/98 or after
D. Certification of Deferment Period and Status (School, service unit or employer only)
OPE Code Note: We cannot accept a form certified more than 30 days prior to the beginning of your enrollment period.
Name of school/service unit/employer Phone No.
Address PO Box Street
City State Zip
I certify that this student is/was enrolled as at least a half-time or a full-time regular degree-seeking student (defined in 34 CFR 600.2) for the deferment period indicated in Section B, leading to a degree in
Our institution is on the Semester Quarter Trimester Clock Hour system
I certify that this borrower is/was serving in an internship/residency program required for professional practice in the field of
I certify that this borrower is/was in an approved graduate fellowship program.
An approved rehabilitation training program for disabled individuals.
Signature of Certifying Official (Altered dates must be initiated by Certifying Official.) Date
Title of Certifying Official

For Lending Institution use only:
Request disapproved
Deferment approved
Student status Military service
Peace Corps VISTA
Internship/Residency Dental residency
Volunteer service U.S. Public Health Service
NOAAC Parental Leave
Graduate fellowship/rehabilitation training
Working mother
Temporary total disability: spouse dependent borrower
Date of status: Beginning Ending
Signature
Date