



FEDERAL PERKINS LOAN PROGRAM
Deferment/Cancellation Request

Firefighter Medical Technician Nurse

GENERAL INFORMATION (Please Print)
NAME:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
LAST FOUR DIGITS OF SS# and/or UMID#
XXX - XX -
HOME:
WORK:
CELL:

Section 1: TO BE COMPLETED BY BORROWER
CHECK APPROPRIATE BOX
Firefighter Medical Technician Nurse
Medical Technicians and Nurses must be certified, registered or licensed by the state.
I am certified, registered or licensed in the field of
You must provide a copy of your license
YOU MUST ATTACH AN OFFICIAL JOB DESCRIPTION
Start date of FULL TIME employment:
End date of FULL TIME employment:
Are you still employed FULL TIME?: Yes No
I am requesting:
DEFERMENT from to as I anticipate completing one full year of service.
CANCELLATION from to as I have completed one full year of service.
BORROWER'S DECLARATION:
I declare that I am/was presently employed full time as described above. I understand that if, for any reason, I do not complete a full twelve (12) month period of full time service or if my service changes in anyway, I must immediately notify The University of Michigan Student Loan Collections Office. Further, I understand that if the change in my service does not meet the requirements for cancellation, I must immediately make arrangements to make payments of any amounts that have accrued on my loan.
Signature of Borrower Date

Section 2: TO BE COMPLETED BY EMPLOYER
I certify the above statements concerning this employee's FULL TIME employment are true and accurate. I also affirm that the borrower's service complies with the appropriate qualifying description on the back of this request form.
Name of Employer Signature of Authorized Official of Employer
Address of Employer Title
City, State, Zip Phone Number Date
Official Seal or Stamp
***** REQUIRED *****
If not available, a letter of certification on employer letterhead verifying full-time dates of employment & job description is required.

FOR UNIVERSITY OF MICHIGAN USE ONLY
Deferred: From: To: Processed By: Date:
Cancelled at: % Type: End Date: Signature of U/M Official:
Loan Principal Cancelled Balance
Loan Principal Cancelled Balance

FEDERAL PERKINS LOAN CANCELLATION/DEFERMENT REQUEST

To qualify for the cancellation benefits listed below you must serve full time in an eligible capacity for a complete year (12 months). Upon receipt of your completed form, we will make a preliminary determination of your eligibility for cancellation. If it is determined that you **are not qualified** for cancellation, we will deny your deferment request and payments will be due as billed. If it is determined that you are eligible for cancellation, we will defer payments due during your year of full time service/employment. At the end of your year of service/employment, you must provide documentation of having fulfilled the requirements in order to receive partial cancellation of your loan.

NOTE:

- A form must be submitted *at the beginning* of your **FULL TIME** year of service/employment to **DEFER** payments while eligible service is performed.
- A form must be submitted *at the end* of your year to receive your partial cancellation.
- If you continue to work for the same employer, you may combine your deferment and cancellation requests onto one form. If you have had multiple employers you must file a separate form for each employer.
- Partial years do not qualify you for cancellation benefits.

Firefighter

To qualify, you must be employed **full-time** as a fire fighter for service to a Federal, State or Local fire department or fire district. **Eligibility for this benefit begins 08/2008.**

Medical Technician

To qualify, you must be employed as a **full-time** medical technician *providing health care services*. The borrower must provide health care services *directly* to patients. A Medical Technician is an allied health professional (working a fields such as therapy, dental hygiene, medical technology, or nutrition). **You must be certified, registered, or licensed** by the appropriate State agency in the State in which you provide health care services. You must assist, facilitate, or complement the work of physicians or other specialists in the health care system. **Provide a job description. You must provide a copy of your license.**

Nurse

To qualify, you must be employed as a licensed, **full-time** practical nurse, registered nurse or other individual who is licensed by the appropriate State agency to provide nursing services. The borrower must provide health care services *directly* to patients. **Provide a job description. You must provide a copy of your license.**

Cancellation Rate

15% for 1ST and 2ND year 20% for 3RD and 4TH year 30% for 5TH year
Maximum cancellation of 100% of original loan

● INSTRUCTIONS

1. Fully complete the form. (We will return it to the borrower unprocessed if any information is missing.)
2. Please print your form. Please sign and date your form. (Do not sign electronically).
3. Have your form certified by an authorized official of your employer. If your employer does not have an official seal or stamp, then they must submit a letter verifying your full time dates of employment on organization letterhead.
4. If you changed employers during the year, you must submit a form from *each* employer. In addition, there may be NO BREAKS between periods of employment.
5. Include an official job description.
6. Return forms and supporting documentation to:

The University of Michigan - Student Loan Collections Office
6022 Wolverine Tower • 3003 South State Street • Ann Arbor MI 48109-1287
Phone# (800) 456-0706 • Fax (734) 647-3804 • Email Address: um-slc@umich.edu