



FEDERAL PERKINS LOAN PROGRAM

Deferment/Cancellation Request

- Law Enforcement Officer • Corrections Officer • Public Defense Lawyer

GENERAL INFORMATION (Please Print) LAST FOUR DIGITS OF SS# and/or UMID# NAME: ADDRESS: CITY, STATE, ZIP: E-MAIL ADDRESS: WORK: CELL: Check here if New Address

Section 1: TO BE COMPLETED BY BORROWER - Check Appropriate Box (see reverse for descriptions) Law Enforcement Officer Corrections Officer Public Defense Lawyer 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. 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.

Law Enforcement Officer/Corrections Officer

To qualify, you must be employed **full-time** in a publicly funded, local, state, or federal agency whose activities pertain to crime prevention, control, reduction or to the enforcement of criminal law. Activities include police efforts to prevent, control or reduce crime or to apprehend criminals; activities of courts and related agencies having criminal jurisdiction; activities of corrections, probation or parole authorities; and problems relating to the prevention, control, or reduction of juvenile delinquency or narcotic addiction. You must be a sworn law enforcement officer or corrections officer or person whose principal responsibilities are unique to the criminal justice system and are essential in the performance of the agency's primary mission. Agencies and positions whose primary responsibilities are civil, regulatory, administrative, or support are not eligible. **You must provide a job description.**

Public Defense Lawyer

To qualify, you must be employed **full-time** as an attorney in a defender organization established in accordance with section 3006(g)(2) of title 18, U.S.C. **Eligibility for this benefit begins 08/2008. You must provide a job description.**

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
6000 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