



Finance & Administrative Services
Office of Accounting Services
Perkins Loan Collections

FEDERAL PERKINS LOAN PROGRAM

CANCELLATION FORM

Warning: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to a fine of no more than \$10,000 or imprisonment for not more than five years or both, under the provision of Sec 20 U.S.C. 1097

REQUEST FOR CANCELLATION OF REPAYMENT
SECTION 1 - TO BE COMPLETED BY THE BORROWER

NAME _____ LSU ID _____
STREET ADDRESS _____ TELEPHONE NUMBER _____
CITY _____ STATE _____ ZIP CODE _____

CANCELLATION PERIOD REQUESTED: FROM ____/____/____ TO ____/____/____

I certify that I am eligible for cancellation of repayment because I am a (check the appropriate item)

- Head Start Teacher/Pre-Kindergarten/Child Care
Teacher at a school with a high concentration of low-income students
Early Intervention Service Provider
Teacher of the Handicapped
Special Education Teacher
Teacher in a Shortage Field
Faculty at a Tribal College or University
Speech Language Pathologist with master's degree working exclusively with Title I eligible schools
Nurse/Medical Technician
Family Service Agency Employee
Peace Corps Volunteer
VISTA Volunteer
Member of Armed Forces--Hostile Area
Law Enforcement/Corrections Officer
Firefighter
Librarian with a masters in Library Science employed at Title I funded school or public library serving low income area

I declare that the information shown above is true and correct and that I will immediately notify the LSU Perkins Loan office upon any change in my status. I further understand that if, for any reason, I am not eligible for the requested cancellation or the appropriate forms are not submitted in a timely manner, payment of both principal and interest for the elapsed months will become immediately due and payable.

SIGNATURE OF BORROWER _____ DATE _____

SECTION 2 - FOR LSU USE ONLY

Approved _____ Inclusive dates of approval: FROM ____/____/____ TO ____/____/____
Disapproved _____

REVIEWED BY _____ DATE _____

CERTIFICATION OF STATUS
SECTION 3 - TO BE COMPLETED BY ORGANIZATION, SCHOOL, OFFICIAL, OR AGENCY

I certify that the information stated in Section 1 (on reverse) is true and correct. The person named provides the following service (check the appropriate item). The inclusive dates for which I am certifying this borrower's status are:

FROM _____ TO _____
MM/DD/YYYY MM/DD/YYYY

- _____ full time teacher at _____ (name of school) which is listed by the U.S. Dept of Education as having a high concentration of low-income students. The teacher at the aforementioned school may be employed by an educational service agency and the school or location may be one that is operated by an educational service agency.
- _____ full time teacher of handicapped children in a public or non-profit elementary or secondary school system. The majority of the students whom the borrower teaches are handicapped children.
- _____ full time staff member in a Head Start program. This program operates for a complete academic year and the borrower's salary does not exceed the salary of a comparable employee working in the local educational agency of the area served by the Head Start program. Also, full time staff members in a pre-kindergarten or childcare program that is licensed or regulated by the state.
- _____ full time special education teacher, including teachers of infants, toddlers, children or youth with disabilities in a public or other non-profit elementary or secondary school system.
- _____ full time qualified professional provider of early intervention services in a public or other non-profit program under public supervision.
- _____ full time teacher of mathematics, science, foreign languages, bilingual education, or any other field of expertise that is determined by the state education agency to have a shortage of qualified teachers. Specify subject matter and grade level teaching _____.
- _____ full time nurse or medical technician. Official job title: _____
Include job description.
- _____ full time employee of a public or private non-profit child or family service agency who is providing or supervising provision of services to high risk children and their families from low income communities.
- _____ full time Peace Corps or VISTA volunteer.
- _____ full time Law enforcement or corrections officer for an eligible agency that is a publicly funded unit, whose principal activities pertain to crime prevention, control or reduction or the enforcement of the criminal law. This includes, but is not limited to police efforts to prevent, control, or reduce crime or to apprehend criminals; activities of courts having criminal jurisdiction and related agencies; activities of corrections, probation or parole authorities; and problems relating to prevention, control or reduction of juvenile delinquency or narcotic addiction. The borrower must be a sworn 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.
- _____ full time service in the U.S. Armed Forces in an area of hostilities that qualifies for special pay under Section 310 of Title 37 of the U.S. Code.
- _____ full time speech-language pathologist with a master's degree who is working exclusively with Title I eligible schools.
- _____ librarian with a master's degree in Library Science who is 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 faculty member at a Tribal College or University.
- _____ full time firefighter with a local, State or Federal fire department or fire district.

SIGNATURE OF CERTIFYING OFFICIAL _____

DATE _____

PRINTED NAME AND TITLE _____

OFFICIAL SEAL OR STAMP REQUIRED

NAME OF ORGANIZATION _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE _____