

Tennessee Tech University

Request for Head Start Cancellation

Please return this form immediately. Incomplete forms will not be accepted.

Borrower Information

Name and Address	
Email Address	
Account Number	
Day Phone / Evening Phone / Cell Phone	
Lending Institution (OPE #00352300)	

Mail this form to:

Tennessee Tech University
Loan Accounting
PO Box 5037
Cookeville, TN 38505

Section 1: Request for Cancellation

I hereby apply for cancellation of a portion of my Federal Perkins student loan(s). I was a full-time staff member of a Head Start program for a full year.

Section 2: Certification Period

Employment Start Date		Employment End Date	
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I will continue Head Start work next year.

If for any reason I am unable to complete the year of service, I will begin repayment of my loan, including all postponed, current, and past due payments immediately.

Section 3: Borrower Signature

I declare that the information above is true and correct. I further declare that I will notify Tennessee Tech University immediately upon any change in my status.

Borrower Signature		Date	
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Section 4: Certification by School, Agency, or Institution

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

Employed by School, Department, or Agency	
County	
Address	
City / State / ZIP / Phone	
Description of Exact Duties	
Signature of Authorized Official and Date	

If a seal or stamp is not available, official letterhead must be attached stating that no seal or stamp is available.

For Institutional Use Only

% Canceled	Canceled Amount (\$)	Official Name	Date	Notes
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