



Tennessee Tech University

Nurse or Medical Technician Cancellation Form

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

Name/Address: _____

Mail form To: Tennessee Tech University
Loan Accounting
PO Box 5037
Cookeville, TN 38505

Email Address: _____ Account Number: _____

Day Phone # _____ Evening phone # _____ Cell Phone# _____

Lending Institution Tennessee Technological University OPE # 003523

Section 1 Perkins Cancellation Type

This is to certify that I am requesting cancellation for: **Nurse or Medical Technician**

I hereby apply for cancellation of a portion of my Federal Perkins Loan(s). I am a full-time nurse providing health care services; or a full-time medical technician providing health care services.

This loan will be canceled at the following rates:

- 15 percent of the original principal loan amount for each of the first and second years
- 20 percent of the original principal loan amount for each of the third and fourth years
- 30 percent of the original principal loan amount for the fifth year.

Section 2 Certification Period

Please complete all of the following that applies:

My full year of employment began: _____ and ended: _____

I will also be employed next year.

Section 3 Borrower Signature

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

Borrower Signature: _____ Date: _____

Section 4 Certification by School/Agency/Institution

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

Name of employer _____

Address _____

City _____ State _____ Zip _____ Phone _____

Signature of Authorized Official _____ Date _____

Printed Name and Title _____

OFFICIAL
SEAL OR STAMP

****FORM MUST BE STAMPED WITH THE ORGANIZATION'S SEAL OR STAMP OR LETTERHEAD MUST BE SENT STATING THAT NO SEAL OR STAMP IS AVAILABLE****

FOR INSTITUTIONAL USE ONLY

%Canc _____ Amt Canc \$ _____ Official Name _____ Date _____

Official Name _____ Date _____