



# Tennessee Tech University

## Request for Law Enforcement 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 an: Law Enforcement/Corrections Officer for an eligible Local, State, or Federal Agency

I hereby apply for cancellation of a portion of my Federal Perkins Loan(s). I am a full-time law enforcement officer for an eligible local, State, or Federal law enforcement agency; or a full-time corrections officer for an eligible local, State, or Federal corrections agency.

#### 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.

- Sworn officer of the law
- Probation or parole officer
- Corrections Officer
- Juvenile crime officer

### Section 2 Certification Period

#### Please complete all of the following that applies:

My employment began Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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 \_\_\_\_\_