



# Tennessee Tech University

## Teacher at low income school 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 a cancellation for being a: **Teacher in a Low Income School**

I hereby apply for cancellation of a portion of my Federal Perkins Loan(s). I am a full-time teacher in a public or other nonprofit elementary or secondary school or in a school or location operated by an educational service agency that has been designated by the Department in accordance with the provisions of section 465(a)(2) of the Act as a school with a high concentration of students from low-income families. An official Directory of designated low-income schools and locations operated by educational service agencies is published annually by the Department.

**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:**

I have taught a full year from: Starting date: \_\_\_\_\_ and ended: \_\_\_\_\_

**Section 3 Borrower Signature**

I will also be employed next year.

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 \_\_\_\_\_

\*\*\*\*\*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 \_\_\_\_\_

OFFICIAL  
SEAL OR STAMP