

REQUEST FOR PARTIAL CANCELLATION OF LOAN
NDSL/PERKINS LOAN PROGRAM PART E, TITLE IV OF HIGHER EDUCATION ACT OF 1965

**PART I-GENERAL AND CERTIFICATION INFORMATION
(TO BE COMPLETED BY BORROWER)**

NAME OF BORROWER				NAME AND ADDRESS OF LENDING INSTITUTION (CITY, STATE, AND ZIP CODE) RETURN TO:			
ADDRESS (STREET, CITY, STATE, ZIP CODE)				Tennessee Technological University Business Office Loan Department PO Box 5037 Cookeville, TN 38505			
BORROWER'S SOCIAL SECURITY NUMBER							
INSTRUCTIONS: AFTER COMPLETING EMPLOYMENT FOR ONE FULL YEAR, THE BORROWER SHOULD FORWARD DUPLICATE COPIES OF THIS FORM TO EACH INSTITUTION TO WHICH HE IS OBLIGATED TO MAKE SCHEDULED REPAYMENT OF A NDSL/PERKINS STUDENT LOAN. AFTER FINAL ACTION, THE LENDING INSTITUTION RETURNS ONE COPY TO THE BORROWER AND RETAINS ONE COPY							
NAME OF INSTITUTION WHERE EMPLOYED				DESCRIPTION OF EXACT DUTIES (USE REVERSE IF NECESSARY)			
ACADEMIC YEAR → STARTING	MONTH	DAY	YEAR	ACADEMIC YEAR → ENDING	MONTH	DAY	YEAR
I DECLARE THAT I WAS EMPLOYED AS A FULL-TIME STAFF MEMBER IN THE EDUCATIONAL COMPONENT OF A HEAD START PROGRAM WHICH IS OPERATED FOR A PERIOD COMPARABLE TO A FULL TIME SCHOOL YEAR AND WHICH PAYS A SALARY COMPARABLE TO AN EMPLOYEE OF THE LOCAL EDUCATIONAL AGENCY.							
SIGNATURE OF BORROWER						DATE	

**PART II-CERTIFICATION
BY HEAD START PROGRAM**

I CERTIFY THAT THE BORROWER'S DECLARATION AS TO HIS EMPLOYMENT, THE COMPLETION OF HIS SERVICE, AND THE DESCRIPTION OF HIS DUTIES IS TRUE AND CORRECT.		
NAME OF INSTITUTION	SIGNATURE OF AUTHORIZED OFFICIAL	OFFICIAL SEAL OR STAMP
ADDRESS (CITY, STATE, ZIP CODE)	TITLE	
	DATE	

**PART III-
COMPLETED BY THE LENDING
INSTITUTION**

AFTER FINAL ACTION RETURN COPY TO BORROWER AND RETAIN ORIGINAL				
NOTE #	<input type="checkbox"/> APPROVED AT 15 PER CENTUM RATE	<input type="checkbox"/> APPROVED AT 20 PER CENTUR RATE	<input type="checkbox"/> APPROVED AT 30 PER CENTUM RATE	<input type="checkbox"/> DISAPPROVED
LOAN PRINCIPAL CANCELED \$	INTEREST CANCELED \$	TOTAL AMOUNT CANCELED \$	BALANCE DUE AFTER THIS \$	
IF DISAPPROVED INDICATE REASON HERE				
SIGNATURE OF APPROVING OFFICIALS		TITLE	DATE	