

PERKINS (NDSL) STUDENT LOAN LAW ENFORCEMENT/CORRECTION OFFICER REQUEST



PART I - TO BE COMPLETED BY THE BORROWER (Complete in ink)

Name _____ Social Security Number _____ Home Phone _____ - _____ - _____

Address _____ City _____ State _____ Zip Code _____

In order to qualify for a Law Enforcement or Corrections Officer cancellation/deferment where an institution shall cancel up to 100 percent of the outstanding balance on a borrower's Federal Perkins or Direct loan made on or after November 29, 1990, all of the following qualifications must be met. Please check qualifications that apply.

- [] The employing agency at which I am employed is an agency that is a Local, State or Federal Law Enforcement or Corrections Agency.
[] It is public-funded and the principal activities pertain to crime prevention, control, reduction or the enforcement of the criminal law.
[] I am a sworn Law Enforcement or Corrections Officer of a person whose principal responsibilities are unique to the Criminal Justice System.
[] My service is essential in the performance of the eligible employing agency's primary mission.
[] I am employed part-time. [] I am employed full-time.

Place of Employment _____

Address _____ City _____ State _____ Zip Code _____ Phone _____ - _____ - _____

B. Benefit Period (Borrower must enter)

- [] Cancellation from () to () (Completed year of service)
[] Deferment from () to () (Current or future year of service)

Job Title _____ Job Description - You must attach an official job description (Required for all requests)

C. Declaration (Borrower Signature)

I declare that the information shown above is true and accurate. I understand that if, for any reason, I do not complete the deferment period from that described above in section B of this form, I MUST IMMEDIATELY NOTIFY THE LOANS RECEIVABLE OFFICE. Further, I understand that, if my employment does not qualify for cancellation according to the Federal guidelines, I must make arrangements immediately to pay any amounts that have accrued on my loan.

Signature of Borrower Required _____ Date _____

PART II - EMPLOYER OR SERVICE UNIT MUST CERTIFY BEFORE ELIGIBILITY CAN BE DETERMINED

D. Certification of Employment

Official at place of employment or service unit must certify benefit period(s) on the line below, to verify the accuracy of information and the dates for which benefit(s) are requested. If requesting both cancellation and deferment, official is verifying all of the above information. This form must be completed and signed before it can be processed.

OFFICIAL SEAL OR STAMP *

* If official seal or stamp is not available, employer must attach a statement on official letterhead verifying the above information.

I certify the dates listed under the benefit period above are correct. I also certify the borrower maintained FULL TIME _____ PART TIME _____ status during the benefit period. (Status is based on hours, not benefits)

Signature and Title of Certifying Official _____ Date _____

PART III - FOR OFFICE USE ONLY [] Approved [] Disapproved _____

Principal Cancelled \$ _____ Interest Cancelled \$ _____ New Balance \$ _____

Signature _____ Date _____ NOTES: _____