



The regulations governing cancellation benefits stipulate that **Cancellation Benefits Can Be Granted Only After A Complete Year's Service, or Its Equivalent, Has Been Performed.**

Two different forms may be required for each academic year: a postponement form at the beginning of the academic year and a cancellation form at the end of the academic year. Billing statements will advise you when these forms are due.

PLEASE READ ADDITIONAL INFORMATION ON CANCELLATION BELOW.

YOUR SOCIAL SECURITY NUMBER		INSTITUTION WHICH GRANTED LOAN							
Part I - To Be Completed By The Borrower	NAME		PHONE						
	APT., STREET, or P.O. BOX NUMBER								
	CITY, STATE, AND ZIP CODE								
	SCHOOL(S) WHERE YOU WORK			COUNTY IN WHICH YOU WORK					
	ADDRESS OF SCHOOL(S) city, state								
	JOB DESCRIPTION (attach additional sheets if needed)			 Check here if you are a teacher of the handicapped <input type="checkbox"/>					
	I TAUGHT AT THE INDICATED LEVEL (check one)								
	<input type="checkbox"/> PRE-SCHOOL		<input type="checkbox"/> KINDERGARTEN		<input type="checkbox"/> ELEMENTARY		<input type="checkbox"/> MIDDLE SCHOOL		
	<input type="checkbox"/> JR. HIGH		<input type="checkbox"/> SR. HIGH		<input type="checkbox"/> COLLEGE				
	I request Cancellation benefits for my teaching *year which began:			MO.	DAY	YR.	And Ended	MO.	DAY
SUBMIT ONE FORM FOR EACH ACADEMIC YEAR									
I declare that I was employed as a full-time teacher in a public or other non-profit elementary or secondary school or institution of higher learning in a state, or in an overseas school of the Armed Forces of the United States, for a complete academic year* or its equivalent as indicated. I request cancellation of the appropriate amount of principal and interest for this service in accordance with regulations and instructions issued by the U.S. Commissioner of Education.									
YOUR SIGNATURE							Date		

- INSTRUCTIONS**
1. Complete Part I. Be sure to enter the name and address of your place of employment, including the country.
 2. If your address has changed, please check here.
 3. Have Part II completed by your principal or superintendent.
 4. Return the completed form to: Appalachian State University, Student Accounts Perkins Loan Division ASU Box 32005 Boone, NC 28608-2005
 5. Part III will be completed by your lending institution.

 If you are a teacher of the handicapped, please send a full job description with this form, and indicate what portions of your classes are handicapped students. If you are teaching in a non-public school, please send a description of the school.

Part II - To Be Completed By The Hiring Authority	I certify that the borrower's declaration as to employment as a full-time teacher, the completion of his or her service, and description of his or her duties is true and correct.						
	Name of School System			Street or P.O. Box Number			Official Seal or Stamp
	Title of Official			City, State, and Zip Code			
	Signature			Phone		Date	

Part III- For lending institution Use Only	Approved for cancellation at the indicated rate: <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> Disapproved					
	If Disapproved, Reason					
	Loan Princ. Cancelled		Int. Cancelled		Total Cancelled	
	Signature			Title		Date

*An academic year has been defined as two consecutive semesters of an annual school session, (this could include the second half of one school year, and the first half of the next), two of three consecutive trimesters, and three of four quarters (there can be one cancellation received within a twelve month period).