

Student Loan Service Center, NDUS
P.O. Box 5675
Fargo N.D. 58105-5675
1-800-698-7397 Local 231-9547

**REQUEST FOR CANCELLATION OF PERKINS LOAN
EMPLOYEE OF CHILD OR FAMILY SERVICE AGENCY**

BORROWER'S NAME (print) SS#

HOME ADDRESS (_____)_____
PHONE NUMBER

BORROWER'S SIGNATURE DATE

JOB TITLE JOB DESCRIPTION

NAME OF SERVICE AGENCY (_____)_____
PHONE NUMBER

ADDRESS OF AGENCY

- _____ A. Request for postponement (if payment is due prior to completion of 12 months of service).
_____ B. Cancellation for service as Family Service Agency Employee as certified below (if you have completed 12 months of full-time service).

Period of Employment or Service:
Beginning ___/___/___ Ending ___/___/___
mo day yr mo day yr

**I, AS DIRECTOR OR OFFICER OF THE SERVICE AGENCY, CERTIFY THAT THE ABOVE
NAMED PERSON IS:**

- A FULL TIME EMPLOYEE
- PROVIDING OR SUPERVISING THE PROVISION OF SERVICE TO HIGH RISK CHILDREN WHO ARE FROM LOW INCOME COMMUNITIES AND THE FAMILIES OF SUCH CHILDREN.
- THE SERVICE AGENCY IS PUBLIC OR PRIVATE NON-PROFIT.

(High Risk Children are individuals under the age of 21 who are low-income or at risk of abuse or neglect, have been abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placements outside their homes or are involved in the juvenile justice system.)

NAME AND TITLE OF DIRECTOR or OFFICER OF THE AGENCY ((print) (_____)_____
PHONE NUMBER

SIGNATURE OF DIRECTOR or OFFICER OF THE AGENCY DATE