



## **REQUEST FOR POSTPONEMENT DEFERMENT OR PARTIAL CANCELLATION OF PERKINS LOAN**

### **PART I: To Be Completed By Borrower**

Name of borrower: \_\_\_\_\_

Account Number: \_\_\_\_\_ Signature: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Residence address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone number: (\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**Postponement:** I will be employed full-time from \_\_\_\_\_, \_\_\_\_\_ until \_\_\_\_\_, \_\_\_\_\_.

**Cancellation:** I was employed full-time from \_\_\_\_\_, \_\_\_\_\_ until \_\_\_\_\_, \_\_\_\_\_.

I will be / was employed or served full-time:

- as a teacher in a designated "low-income" elementary or secondary school; of math, science, foreign language or bilingual education; or of physically or mentally challenged students as defined by this program. \*
- as a teacher or a full-time staff member in a Head Start program or a State licensed or regulated pre-kindergarten or childcare program. \*
- as a law enforcement officer, corrections officer or public defender.
- as a service provider or supervisor employed by a non-profit child or family service agency. \*\*
- as a nurse or medical technician. (MUST PROVIDE COPY OF LICENSE OR CERTIFICATION)
- as a provider of early intervention services.
- as a volunteer in the Peace Corps or AmeriCorps/VISTA.
- as a member of the armed forces serving on active duty in an area of hostilities or imminent danger.
- as a member in a qualified public service profession.

\* *excluding AmeriCorps Teach America teachers*

\*\* *Child and Family Service Cancellation Verification Form also required*

### **REMEMBER TO ATTACH A DETAILED JOB DESCRIPTION**

---

---

### **PART II: To Be Completed By Employer, Agency or Organization**

I certify that the information stated in Part I is true and correct.

Name of authorized official (please print): \_\_\_\_\_

Signature of authorized official: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Agency, Organization or Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of School (for teacher cancellation): \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**Please return to: Vanderbilt University Office of Student Loans**

**PMB 406217, Nashville, TN 37240**

**Phone: (615) 322-6693 or (800) 288-1144**

**Fax: (615) 343-8512**