



**Request For DEFERMENT OF PAYMENT and/or  
PARTIAL LOAN CANCELLATION For Service as a  
NURSE, MEDICAL TECHNICIAN, FAMILY SERVICES  
PROVIDER OR EARLY INTERVENTION SERVICES**

**RETURN FORM TO:**

Student Loan Department, Office of Bursar  
Auburn University, The Quad Center,  
Auburn University, AL 36849-5154  
Phone: (334) 844-4634  
FAX: (334) 844-3757

For Recipients of **PERKINS** and **NATIONAL DIRECT STUDENT LOANS** received on or after July 23, 1992, and **effective 10/7/98**, for recipients of Perkins and National Direct Student Loans signed prior to July 23, 1992.  
**Loan cancellation for those loans signed prior to July 23, 1992 cannot begin until 10/7/98.**

**ABBREVIATED INSTRUCTIONS FOR COMPLETING THIS FORM** (See accompanying Information and Instruction Sheet for detailed instruction)

For deferments: If you are currently at the beginning of an employment period, or during an employment period, complete **Sections I, II, and IV.**

For cancellations (only after you have completed the year of service) complete **Sections I, III, and IV**

For **BOTH** deferment of current year and cancellation of previous year, complete **Sections I, II, III, and IV.**

**Section I: DEMOGRAPHIC INFORMATION**

Check here if new Address **9**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone#(\_\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Other phone #(\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Section II: DEFERMENT REQUEST** (For an **APPROACHING 12-MONTH PERIOD OR CURRENT 12-MONTH PERIOD**. These dates must indicate one complete year - ie, 04/01/2000 to 04/01/2001)

I am requesting a deferment of loan payments (in anticipation of cancellation) for service checked in Section IV for the period :

**FROM** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section III: CANCELLATION REQUEST** (For a **FULL 12 MONTH PERIOD ALREADY COMPLETED**) (These dates must indicate one complete year, ie, 04/01/1999 to 04/01/2000).

**\*\*\*NOTE, if you are completing this section and plan to continue in this service for the next year, you should also complete Section II for that upcoming period.**

I am requesting a partial cancellation of loan payments for service checked in Section IV for the dates:

**FROM:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section IV: VERIFICATION OF EMPLOYMENT REQUIREMENTS** (Must be completed for both Deferment and/or Cancellation Requests and must be signed by both the borrower and an authorized official of the employer.)

Name of employing agency: \_\_\_\_\_

Job description (attach additional sheets as needed): \_\_\_\_\_  
\_\_\_\_\_

**Borrower Declaration:**

In requesting deferment of payment or partial cancellation of my Federal Perkins Loan, I declare that I am performing full-time service as a:

- \_\_\_\_ Full-time NURSE as described on the Information and Instruction Form.  
\_\_\_\_ Full-time MEDICAL TECHNICIAN as described on the Information and Instruction Form.  
\_\_\_\_ Full-time EMPLOYEE OF A PUBLIC OR PRIVATE NONPROFIT CHILD OR FAMILY SERVICE AGENCY as described on the Information and Instruction Form.  
\_\_\_\_ Full-time qualified professional PROVIDER OF EARLY INTERVENTION SERVICES as described on the Information and Instruction Form.

I understand that if, for any reason, I do not complete a full 12-month period of service or if my service changes in any way, I must immediately notify the Student Loan Department in the Office of Bursar. Further, I understand that if the change in my service does not meet the requirements for cancellation as described under "Borrower's Declaration," I must make arrangements immediately for payment of any amounts which may have accrued on my loan.

Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer's Affidavit:**

I affirm that the Borrower's Declaration of employment, as stated above and in Sections II and/or III of this form, is true and accurate.

Signature of Authorizing Official of Employer \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Authorizing Official \_\_\_\_\_ Title of Authorizing Official \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Employee Begin date: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Employee End date(if applicable): \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

**Official Seal or Stamp:**

(If not available, provide official letterhead, sign and attach to this form)

**Section V. FOR AUBURN UNIVERSITY USE ONLY**

PARTIAL CANCELLATION APPROVED FOR PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

In the amount of: Principal Canceled \$ \_\_\_\_\_

PRINCIPAL BALANCE AFTER CANCELLATION \$ \_\_\_\_\_

At the rate of:

- \_\_\_\_ 15% - 1st year  
\_\_\_\_ 15% - 2nd year  
\_\_\_\_ 20% - 3rd year  
\_\_\_\_ 20% - 4th year  
\_\_\_\_ 30% - 5th year

LOAN PAYMENTS APPROVED FOR DEFERMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

PARTIAL CANCELLATION DENIED \_\_\_\_\_ REASON: \_\_\_\_\_

APPROVED BY: SIGNATURE OF AU OFFICIAL \_\_\_\_\_

DATE \_\_\_\_\_

PROCESSED BY (INITIALS) \_\_\_\_\_



Information and Instructions Pertaining to Requests for **DEFERMENT OF PAYMENT** and/or **PARTIAL LOAN CANCELLATION** FOR Employment as a **NURSE, MEDICAL TECHNICIAN, FAMILY SERVICE PROVIDER, OR PROVIDER OF EARLY INTERVENTION SERVICES.**

For Recipients of **FEDERAL PERKINS AND NATIONAL DIRECT STUDENT LOANS** made on or after **July 23, 1992**. And effective **10/7/98**, for Recipients of Perkins and National Direct Student Loans signed prior to July 23, 1992. Loan cancellation for those loans signed prior to July 23, 1992 cannot begin until 10/7/98. All Requests for Partial Loan cancellation **MUST BE FOR A COMPLETE YEAR.**

Recipients of Federal Perkins and National Direct Student Loans are allowed cancellation of up to 100% of the original amount advanced for full-time service as a qualifying nurse, medical technician, family services provider or provider of early intervention services. However, no portion of any loan may be canceled for services the borrower performed before the date the loan was disbursed or during the same period he/she received the loan.

**What is a Deferment of Payment?** A deferment is a period of time during which the borrower is not required to repay the loan principal. Interest does not accrue during this time period. If a borrower is engaged in a service that qualify him or her for both deferment and cancellation, the loan deferment is considered to run concurrently with any period for which loan cancellation is granted.

**Complete Sections I, II, and IV to request deferment of payment for a 12-month period not yet completed or an upcoming 12-month period.**

**What is a Partial Loan Cancellation?** A borrower may receive a partial loan cancellation for a **COMPLETED 12-month period** of qualifying employment or service. If the borrower worked for multiple employers during the completed 12-month period, the borrower must submit one Request for Deferment of Payment and/or Partial Loan Cancellation Form for each employment and each form must be certified by an authorized official of the respective employer. Service between multiple employers must be continuous.

**Complete Sections I, III and IV to request Partial Cancellation for a 12-month period already completed. The borrower should also complete Section II to request payment deferment for the approaching 12-month period if he/she intends to continue in a qualifying employment during that time.**

**Instructions:**

A borrower should request a deferment of loan repayment for a 12-month current or upcoming period in anticipation of a future partial cancellation if, during that 12-month period, the borrower will be serving in a position which qualifies according to Federal guidelines. This form should be submitted **AT THE BEGINNING** of or **DURING** the 12-month period.

A borrower should request a partial cancellation of loan repayment for a completed 12-month period, if during that 12-month period, the borrower served in a position which qualified according to Federal guidelines. This form should be submitted **AT THE END** of the 12-month period.

To be considered for deferment and/or partial cancellation, the borrower must complete and have certified the Request for Deferment and/or Partial Cancellation Form. The borrower's account must be current to the beginning date of qualifying employment before deferments or partial cancellations can be accepted.

The borrower is not billed during the deferment period and the account is considered to be current. If qualifying employment is terminated prior to the end of the deferment period when a partial cancellation could be requested, payments may be immediately due retroactively to the last payment Due Date. No partial cancellation can be granted for less than a completed 12-month period. However, the borrower will be eligible for a deferment of payments and a subsequent 6-month grace period for those completed months of qualifying service. Certified documentation is required. The borrower must notify the Student Loan Department of any changes of employment or address.

All requests for Deferment and/or Partial Cancellation must be completed and signed by the borrower and certified by an authorized official of the borrower's employer.

**QUALIFICATIONS FOR PARTIAL CANCELLATIONS**

- 1) **NURSE:** A full-time licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services.
- 2) **MEDICAL TECHNICIAN:** An allied health professional who is certified, registered, or licensed by the appropriate state agency in the state in which he or she provides health care services. An allied health professional is someone who assists, facilitates, or complements the work of physicians and other specialists in the health care system. Health care services provided by members of the Allied Health Professions, as well as the medical services provided by physical therapists, speech and language pathologists, and audiologists are included in this definition. Must be a full-time employee. The American Medical Association defines an allied health professional as one engaged in the following types of services:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Anesthesiology Assistant          | <input type="checkbox"/> Emergency Medical Services    | <input type="checkbox"/> Ophthalmic Medical Technology |
| <input type="checkbox"/> Athletic Training                 | <input type="checkbox"/> Health Information Management | <input type="checkbox"/> Perfusion                     |
| <input type="checkbox"/> Blood Bank Technology             | <input type="checkbox"/> Medical Assisting             | <input type="checkbox"/> Physical Assistant Practice   |
| <input type="checkbox"/> Cardiovascular Technologist       | <input type="checkbox"/> Medical Illustration          | <input type="checkbox"/> Radiologic Technology         |
| <input type="checkbox"/> Cytotechnology                    | <input type="checkbox"/> Medical Lab Technology        | <input type="checkbox"/> Respiratory Therapy           |
| <input type="checkbox"/> Diagnostic Medical Sonography     | <input type="checkbox"/> Nuclear Medicine Technology   | <input type="checkbox"/> Surgical Technology           |
| <input type="checkbox"/> Electroneurodiagnostic Technology | <input type="checkbox"/> Occupational Therapy          |  |

- 3) **EMPLOYEE OF A PUBLIC OR PRIVATE NONPROFIT CHILD OR FAMILY SERVICE AGENCY:** A full-time employee of an eligible public or private nonprofit child or family service agency who is providing, or supervising the provision of, services to high-risk children who are from low-income communities and their families. 1) The main focus of the service must be provided directly to the children themselves, not the adult family members; 2) "High-risk children" are defined as individuals under the age of 21 who are low-income and 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; and 3) "Low-income communities" are defined as communities in which there is a high concentration of children eligible to be counted under Title I of the Elementary and Secondary Education Act of 1965, as amended. The Department of Education has determined that an elementary or secondary school system or a hospital is not an eligible employing agency.
- 4) Full-time qualified professional **PROVIDER OF EARLY INTERVENTION SERVICES** in a public or other nonprofit program:
- 1) Refers to services provided directly to infants and toddlers from birth to age 2, inclusive, who:
- A) are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:
- ☐ cognitive development
  - ☐ physical development
  - ☐ language and speech development
  - ☐ psychosocial development
  - ☐ self-help skills
- B) have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay or
- C) are at risk of having substantial developmental delays if early intervention services are not provided.
- 2) Qualifying developmental services are those that:
- A) are provided under public supervision;
- B) are provided at no cost except where federal or state law provides for a system of payments by families, including a schedule of sliding fees;
- C) meet the standards of the state;
- D) include:
- |   |   |
|---|---|
| <input type="checkbox"/> family training, counseling, and home visits | <input type="checkbox"/> early identification, screening, and assessment services   |
| <input type="checkbox"/> special instruction                          | <input type="checkbox"/> psychological services   |
| <input type="checkbox"/> speech pathology and audiology               | <input type="checkbox"/> case management services   |
| <input type="checkbox"/> occupational therapy                         | <input type="checkbox"/> medical services only for diagnostic or evaluation purposes  |
| <input type="checkbox"/> physical therapy                             | <input type="checkbox"/> health services necessary to enable the infant or toddler to benefit from the other early intervention services. |
- E) are provided by qualified personnel, including:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> special educators                                 | <input type="checkbox"/> occupational therapists | <input type="checkbox"/> social workers |
| <input type="checkbox"/> speech and language pathologists and audiologists | <input type="checkbox"/> physical therapists     | <input type="checkbox"/> nurses         |
|  | <input type="checkbox"/> psychologists           | <input type="checkbox"/> nutritionists  |
- F) are provided in conformity with an individualized family service plan adopted in accordance with Section 677 of the Individuals with Disabilities Education Act.

Cancellation Rates:                      Years 1 & 2 = 15% of original loan balance  
     Years 3 & 4 = 20% of original loan balance  
     Year 5 = 30% of original loan balance

Maximum cancellation for 5 complete and consecutive years of qualifying service = 100%

If you have questions, please contact the Student Loan Department, Auburn University, Office of Bursar, The Quad Center, Auburn University, AL 36849-5154, 334/844-4634, E-mail: trussje@auburn.edu, FAX: 344/844-3757.