

WASHINGTON STATE UNIVERSITY
University Receivables Student Loans
PO Box 641039 (OPE#003800)
Pullman Wa 99164-1039 (509)335-9651

REQUEST FOR CANCELLATION

PART I--TO BE COMPLETED BY BORROWER

WSU ID# _____ Home Phone _____
Borrower Name _____ Business Phone _____
Address _____
E-Mail _____

This is to verify that I have been (check appropriate item. Refer to promissory note)

- Full time Teacher (**school must qualify**) Low income.
 Full time Teacher, handicapped
 Full time worker for Head Start
 Full time Teacher, science, math, foreign language
 Full time Nurse or Medical Tech (**include detailed job description**)
 Law Enforcement (**include detailed job description**)
 Peace Corps or Domestic Volunteer (**include detailed job description**)
 Family Service Provider (**include detailed job description**)

Dates of Service (**From**) _____ (**to**) _____

I request cancellation of the appropriate amount of principal and interest for such service in accordance with my Education under the Law and in accordance with Regulations and Instructions issued by the U.S. Commissioner of Education.

I intend to continue my employment for the next year

(**From**) _____ (**to**) _____

I do not intend to continue my employment next year.

Borrower Signature: _____ Date: _____

Part II --CERTIFICATION BY THE BORROWER'S EMPLOYER

I certify that the borrower's declaration as to his/her employment. The completion of his/her service and the description of his/her duties are true and correct.

Employing Agency _____
School Dist. & School Name _____
Address _____
Phone _____
Signature of Authorized Official _____
Title _____
Date _____

PART III-- COMPLETED BY WASHINGTON STATE UNIVERSITY

15% Rate 20% Rate 30% Rate Disapproved
Principal Canceled _____ Interest Canceled _____
Total Amount Canceled _____ Balance _____
Reason for Disapproval _____

Signature of Approving Official _____
Title _____ Date _____