

PART I- TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)

Name:	Social Security #:	Account Number(s):
Street Address:	Birth date:	
City:	State:	Zip Code:
☛☛☛ PLEASE CHECK THIS BOX IF NEW ADDRESS		
Home Phone #:	Work Phone #:	Driver's License # and State:
Lending Institution	Date Left Lending Institution:	E-Mail Address:

CANCELLATION

BEGINNING (mm/dd/yy):	ENDING(mm/dd/yy):
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This is to certify that I am or was (check one only): Altered dates will not be accepted.
(Please refer to your promissory note for specific eligibility requirements.)

Please attach a full description of exact duties for all cancellation requests

<input type="checkbox"/> Teacher- Full time (check all that apply). <input type="checkbox"/> Elementary school <input type="checkbox"/> Headstart <input type="checkbox"/> Teach Handicapped Children/Special Education Indicate type of handicap/special education _____	School District/County: _____ Age Group of Students: _____ <input type="checkbox"/> Low Income School <input type="checkbox"/> Secondary School	School Name: _____ Grade Level: _____ <input type="checkbox"/> Shortage Area Subject(s) Taught: _____ and percentage of handicapped in classroom: _____
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- Nurse/Medical Technician (for Federal Perkins only): (Please provide a copy of License/Certificate). Position: _____
- Provide Social Services only to High-Risk Children from low income communities.
- Full-Time Law Enforcement Employment. Position: _____
- Military Combat for at least one year in an area of hostility/imminent danger
- Peace Corps/ACTION volunteer—Full-Time
- Early Intervention (0-2)

DEFERMENT FOR PRE-CANCELLATION SERVICES

I expect to be eligible for a cancellation for the period _____ to _____ and request a deferment until I have completed a full year of service at which time I will provide the proper documentation.
 The cancellation I expect to receive is for: Teaching Law Enforcement Nurse/Med Tech Armed Forces Social Service Peace Corps/ Volunteer Early Intervention

THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE, ACCOUNT NUMBER, BEGINNING AND ENDING DATES, AND COMPLETE CERTIFICATION. I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO NOTIFY THE LENDING INSTITUTION IMMEDIATELY UPON TERMINATION OF MY CALIMED STATUS.

 X
 Borrower's Signature

 Date

PART II- TO BE COMPLETED BY CERTIFYING OFFICIAL (NOTARY PUBLIC CERTIFICATION NOT ACCEPTABLE)

I certify that the information stated above is correct.

X

Signature of Authorizing Official

Title

Date

Name and Address of Authorizing Organization
 (for teachers only, include COUNTY and SCHOOL DISTRICT)

STATUS

- Full-time
- Part-Time (If part-time, number of hours worked per week.) _____

Dates Employed:
 (MM/DD/YY)

FROM:	
TO:	

Official Stamp
or Seal
If no stamp or seal is
available, please
provide letterhead
certification.

PHONE NUMBER: ()

RETURN FORM TO:

University of the Pacific • Student Loans Department
3601 Pacific Avenue • Stockton, CA 95211
(209) 946-2446 • studentloans@pacific.edu

PART III- FOR OFFICE USE ONLY

Approved Disapproved Reason: _____

Inst & Dash #	Def Type	Dates of Def	Int Rev	NPD	Past Due Amt	Period Due	Pre-Canc/Def End Date

PROCESSED BY: _____ **TITLE:** _____ **DATE:** _____