

**EARLY INTERVENTION CANCELLATION**

**Part I: To be completed by the Borrower**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby apply for cancellation of a portion of my Federal Perkins or National Direct student loan. I understand that the yearly principal cancellation rates are as follows for a maximum total of 100% after five years of eligible employment:

- Year one – 15%
- Year two – 15%
- Year three – 20%
- Year four – 20%
- Year five – 30%

I was a full-time professional provider of early intervention services in a public program or publicly supervised program authorized under section 672(2) of the Individuals with Disabilities Education Act.

My full year of such employment began \_\_\_\_\_ and ended \_\_\_\_\_.  
(mm/dd/yyyy) (mm/dd/yyyy)

I will also be so employed next year.

My daytime telephone \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

**Part II: To be completed by Borrower's Supervisor**

I hereby certify that the information stated by the borrower above is true and correct to the best of my knowledge.

Name of Organization \_\_\_\_\_ *Affix seal or stamp*

City & State \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

Title \_\_\_\_\_