



**FEDERAL PERKINS STUDENT LOAN  
POSTPONEMENT/CANCELLATION REQUESTS**

**GENERAL INFORMATION (To be completed by borrower)**

NAME OF BORROWER:	SOCIAL SECURITY NUMBER:
STREET ADDRESS:	HOME PHONE NUMBER:
	WORK PHONE NUMBER:
CITY, STATE, ZIP:	EMAIL ADDRESS:

**I am employed full –time as:**

- \_\_\_\_\_ **a full time** licensed/registered nurse or nurse practitioner who is licensed by the appropriate state agency to provide nursing services.
- \_\_\_\_\_ **a full time** allied health person working in fields such as physician assistant, paramedic, therapy, dental hygiene, medical technology, or nutrition that is certified, registered, or licensed by the appropriate state agency in the state which he or she provides health care services.

**NAME OF EMPLOYER:** \_\_\_\_\_

**JOB TITLE & DESCRIPTION OF DUTIES:** \_\_\_\_\_

**DATE EMPLOYMENT BEGAN:** \_\_\_\_\_

**CANCELLATION REQUEST** for the completed year worked from: (Date) \_\_\_\_\_ to (Date) \_\_\_\_\_

**POSTPONEMENT REQUEST** I am requesting postponement of my loan payments for the next year of employment from \_\_\_\_\_ to \_\_\_\_\_. My employment should continue for the next year.

**NOTE:** I understand and agree that if for any reason whether through my own doing or because of events beyond my control, I do not complete a full year of service, I will immediately notify Oregon Health & Science University and begin repayment of my loan, including any payments which were postponed/deferred because of my employment status.

\_\_\_\_\_  
SIGNATURE OF BORROWER

\_\_\_\_\_  
DATE

**TO BE COMPLETED BY SUPERVISOR:** I certify that the above statements concerning employment service are correct.

NAME AND ADDRESS OF ORGANIZATION:	PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL:
	SIGNATURE OF AUTHORIZED OFFICIAL:
TELEPHONE NUMBER: (       )	DATE: