



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 stat 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 who is certified, registered, or licensed by the appropriate state agency in the state which he or she provides health care services.

Attach copy of current Nursing/Medical Technician license

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

*If employer seal or stamp not available, please attach letterhead certification. A letter written on employer letterhead by the employer verifying full-time dates of employment & job description.

