

**STUDENT LOAN SERVICE CENTER**

Dept 3180 P.O. Box 6050 ♦ Fargo, ND 58108-6050 ♦ Phone Local 701/231-9545 ♦ Toll Free 1-800-698-7397 ♦ FAX 701-231-9551  
Web: <http://www.slsendus.com> E-mail: [ndus.slsdc@ndus.nodak.edu](mailto:ndus.slsdc@ndus.nodak.edu)

**REQUEST FOR PARTIAL CANCELLATION OF PERKINS LOAN ♦ MILITARY SERVICE**

You may cancel a percent of your Perkins Student Loan for each 12-month period of full-time active duty served in the armed forces in an area of hostilities or an area of imminent danger that qualifies for special pay under Section 310 of Title 37 of the U.S. Code. You may cancel up to 50% (12.5% per year for 4 years) for qualifying service prior to August 14, 2008 or up to 100% (over 5 years) for qualifying service after August 14, 2008.

**PART I - TO BE COMPLETED BY THE BORROWER:**

BORROWER'S NAME (print) \_\_\_\_\_

SSN: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ I request a pre-cancellation deferment as I am deployed to a qualifying area and anticipate being deployed for 12 months. (Include a copy of your orders)

\_\_\_\_\_ I request partial cancellation as I have completed 12 months of service in an area of hostilities.

I Request Cancellation for service in the military as certified below:

\_\_\_\_\_  
BORROWER'S SIGNATURE

\_\_\_\_\_  
DATE

**PART II - TO BE COMPLETED BY THE COMMANDING OFFICER:**

Period of Service: Beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ending \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year month day year

Yes No

The soldier listed above is deployed in a qualifying area and anticipates a 12 month deployment.

Yes No

The soldier listed above has served a 12-month period of full-time active duty in the armed forces in an area of hostilities or an area of imminent danger that qualifies for special pay under Section 310 of Title 37 of the U.S. Code.

\_\_\_\_\_  
NAME AND TITLE OF CERTIFYING OFFICIAL

(\_\_\_\_\_) \_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
UNIT NAME AND ADDRESS

\_\_\_\_\_  
SIGNATURE OF CERTIFYING OFFICIAL

\_\_\_\_\_  
DATE