



OFFICE OF THE BURSAR
ONE JOHN MARSHALL DRIVE
HUNTINGTON, WV 25755
(304)696-2234 (800) 438-5389.

REQUEST FOR PARTIAL CANCELLATION OF LOAN

Part 1 : To be completed by borrower

Social Security Number _____

Name: (Last, First, Initial) _____

Address (Street, City, State, Zip) _____

Part 2 - To be completed by borrower

TEACHER (Check appropriate cancellation type)

☐ Full time special education teacher

Title: _____

☐ Full time teacher in low income school as deemed by
State Department of Education

☐ Full time teacher where there is a shortage of qualified
teachers as determined by State Department of Education

Duties: _____

☐ Head Start

Name of School: (Not School District) _____

Address: (County) _____

Address: (Street, City, State, Zip) _____

Part 3 - To be completed by Certifying School

ACADEMIC YEAR

Starting: Month _____ Date _____ Year _____

Ending: Month _____ Date _____ Year _____

Part 4 - To be completed by Certifying School

Name of Organization _____

Official Seal or Stamp

Address: (Street, City, State, Zip) _____

(If none, include signed letter of
Certification on letterhead)

Signature of Authorized Official _____

Title and Date: _____

Part 5-To be completed b borrower

I DECLARE that I was employed as a full-time teacher in public or other nonprofit elementary or secondary institution of higher education in a state, or in an elementary or secondary school overseas of the Armed Forces of the United States, or as a full-time staff member of the Head Start Program for a complete academic year or its equivalent as stated. I request cancellation of the appropriate amount of principal and interest for such service in accordance with my entitlement under the law and in accordance with regulations and instructions issued by the U.S. Commissioner of Education.

Signature of

Borrower: _____ Date: _____