



REQUEST FOR PARTIAL CANCELLATION TEACH FOR AMERICA EDUCATION LOAN PROGRAM

Warning: Any person who knowingly makes false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment, or both under the U.S Criminal Code and 20 U.S.C S1097.

Account Number: _____

Disclosure of your Social Security Number is voluntary. If you consent to disclose your Social Security Number by including it here, it will be used for identification purposes.

Name: _____

Address: _____

City, State, Zip: _____

Telephone – Home: _____

Telephone – Other: _____

The University of Oklahoma

Office of the Bursar

Student Loan Services

1000 Asp Avenue, Room 208

Norman, OK 73019-4072

Phone: (405) 325-5876

Fax: (405) 325-5803

SECTION 1 – Request for Deferment (To be completed by borrower)

Organization where employed: _____

Name: _____

Address: _____

City, State, Zip: _____

Description of Exact Duties (attach sheet if necessary): _____

Next Year of Service Begin Date: _____ End Date: _____

Signature: _____ Date: _____

I declare that I am employed full-time in the organization shown above. I request deferment of the principle balance in accordance with Title IV Regulations. I understand that by requesting a deferment or cancellation during my original grace period, I am conditionally waiving my rights to said grace period.

SECTION 2 – Request for Cancellation (To be completed by borrower)

Organization where employed: _____

Name: _____

Address: _____

City, State, Zip: _____

Description of Exact Duties (attach sheet if necessary): _____

Completed Year of Service Begin Date: _____ End Date: _____

Signature: _____ Date: _____

I declare that I am employed full-time in the organization shown above. I request deferment of the principle balance in accordance with Title IV Regulations. I understand that by requesting a deferment or cancellation during my original grace period, I am conditionally waiving my rights to said grace period.

SECTION 3 – Request for Cancellation (To be completed by Employer)

Attach employment verification letter with a detailed job description, title and dates of employment on company letterhead.

Organization where employed: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Employment Verified Begin Date: _____ End Date: _____

Signature of Authorized Official: _____ Date: _____

Print Name of Authorized Official: _____ Date: _____



Account Number: _____

Name: _____

CRITERIA FOR KAISER CANCELLATION

Upon receiving their Master's Degree the borrower's Kaiser Loan will be deferred during their first year of employment in the field agreed upon by the George Kaiser Family Foundation. Upon completion of years one and two (academic year) of employment, following the same criteria as stated above, 25% of the borrower's Kaiser Loan will be cancelled. Upon completion of year three the remaining 50% of the loan will be cancelled. **The borrower must complete and submit the proper documentation annually for the above deferment/cancellations to take place.**

If in the field of education, the borrower must present official documentation to the University of Oklahoma Student Loan Services Office from their employer annually demonstrating full-time employment with the borrower's primary duty teaching in the field. The borrower may be employed as a classroom teacher, educator in a teaching role, or administrator, in high-needs areas of Tulsa County, or other programs approved by the OU-Tulsa faculty and the George Kaiser Family Foundation.

CRITERIA FOR KAISER DEFERMENT

1. Enrolled at least half-time.
 2. On full-time active duty as a member of the armed forces (maximum period of deferment is four years).
 3. Serving as a medical intern or in a medical residency (maximum period of deferment is four years).
- OR
4. Serving as a volunteer for the Peace Corps or Vista.

KAISER FOUNDATION TEACH FOR AMERICA LOAN PROGRAM

As a student loan borrower, I understand that it is my responsibility to inform the Student Loan Office of all changes of name, address, and student status. I certify that the above information is true and correct to the best of my knowledge. Declaration: I declare all information provided in the request to be accurate and true. I will notify the University of Oklahoma immediately of any change in my employment status and begin payment if required. I authorize the University of Oklahoma and their (respective agents and contractors) to contact me regarding my request or my loan(s) including repayment of my loan(s), at the number provided on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Student Signature: _____ Date: _____

SECTION 5 – Completed by Lending Institution

Approved at _____ 25% _____ 50% Payment Postponed Until: _____

Disapproved because: _____

Signature of Official: _____ Date: _____

Principal Cancelled: _____ New Principal Balance: _____