

GENERAL CANCELLATION BENEFIT INFORMATION  
FOR QUALIFYING LAW ENFORCEMENT, CORRECTION OFFICERS AND PUBLIC DEFENSE LAWYERS

*Please note: Effective October 7, 1998, previously ineligible borrowers may now be eligible for these benefits.*

A borrower is entitled to have up to 100% of their Federal Perkins Loan cancelled for qualifying service as a full-time sworn law enforcement or sworn corrections officer; and as of 8/14/08 a lawyer employed full-time by a public defender organization is eligible. No portion of any loan may be canceled for services the borrower performed before the date the loan was disbursed, or during the same period the loan was received. The cancellation rate per year of service is:

- 15 percent of the principal for each of the first and second year
- 20 percent of the principal for each of the third and fourth year
- 30 percent of the principal for the fifth year

DEFINITION OF ELIGIBLE LAW ENFORCEMENT, CORRECTIONS OFFICERS AND LAWYERS

Eligible Federal, State or local agencies that are publicly-funded units, the principal activities of which pertain to crime prevention, control or reduction or the enforcement of the criminal law, including, but not limited to police efforts to prevent, control or reduce crime or to apprehend criminals; activities of courts having criminal jurisdiction and related agencies; activities of corrections, probation or parole authorities; and problems relating to the prevention, control or reduction of juvenile delinquency or narcotic addiction. A full-time employee of an eligible agency must be a sworn officer or person whose principal responsibilities are unique to the criminal justice system and are essential in the performance of the agency's primary mission.

A full-time attorney who is employed by a Federal public defender organization or a community non-profit defender organization is eligible.

NOTE: Agencies that are primarily responsible for enforcement of civil, regulatory, or administrative laws are not eligible. Persons whose official responsibilities are supportive, such as those that involve typing, filing, accounting, office procedures, purchasing, stock control, food service, or building, equipment or grounds maintenance are not eligible.

FILING REQUIREMENTS

A borrower is responsible for applying for benefits by completing the appropriate form and for providing any documentation requested supporting eligibility. Faxed copies of this application will not be processed.

**DEFERMENT:** If you are working in a position which you believe will qualify you for partial loan cancellation, a form requesting deferment must be filed at the start of service to suspend billing and defer payments of principal and interest. A six-month post-deferment grace period follows.

**CANCELLATION:** Original cancellation forms must be submitted at the completion of each twelve-month period of service.

Improper completion of forms will cause delays in updating your loan. Until the SUNY Student Loan Service Center receives all the proper documentation, you will continue to receive notices that payment is due. Your loan will be subject to late fees and credit bureau reporting. Not filing a form in a timely manner is equivalent to sending payment past the due date.

Return original completed forms to:  
SUNY Student Loan Service Center  
5 University Place  
Rensselaer, New York 12144-3440

If you have questions, please call and speak with a representative of the SUNY Student Loan Service Center before you complete your application. You may call (518) 525-2626 or send an email to: slsc@albany.edu.

**WARNING:** Any person who knowingly makes a 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 New York State Penal Law.

**STATE UNIVERSITY OF NEW YORK  
STUDENT LOAN SERVICE CENTER**

5 UNIVERSITY PLACE  
RENSSELAER, NEW YORK 12144-3440  
TEL: (518) 525-2626 EMAIL: [slsc@albany.edu](mailto:slsc@albany.edu)

**FEDERAL PERKINS LOAN PROGRAM REQUEST FOR DEFERMENT / CANCELLATION  
LAW ENFORCEMENT, CORRECTIONS OFFICER or LAWYER**

NAME: \_\_\_\_\_ 898-\_\_\_\_-\_\_\_\_-\_\_\_\_ OR \_\_\_\_\_  
(Please print full name) (Enter your SUNY SLSC SID #) (Last 4 digits of SSN)

MAILING ADDRESS: \_\_\_\_\_

**PLEASE READ THE GENERAL INFORMATION ATTACHMENT BEFORE COMPLETING THIS FORM**

**PART I: To be completed by applicant. Applicants must attach an employer-certified job duties description on agency letterhead including the exact dates of past, current and /or anticipated future full-time employment.**

I declare I am/was employed as: \_\_\_\_\_ a full-time sworn law enforcement officer for a Federal, State or local law enforcement agency.  
\_\_\_\_\_ a full-time sworn corrections officer for a Federal, State or local corrections agency.  
\_\_\_\_\_ a full-time attorney employed by a Federal public defender organization or a community non-profit defender organization. (effective 08/14/2008)

I am requesting:

\_\_\_\_\_ **DEFERMENT** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ as **I anticipate completing one full year of service.**  
(EMPLOYMENT DATES MUST EQUAL ONE YEAR)

\_\_\_\_\_ **CANCELLATION** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ as **I have completed one full year of service.**  
(EMPLOYMENT DATES MUST EQUAL ONE YEAR)

DECLARATION: I declare all information provided in this request is true and correct. I will notify the SUNY SLSC immediately of any change in my employment status and begin payment if required.

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

**WARNING: Any person who knowingly makes a 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 New York State Penal Law.**

**PART II: To be completed by an official of the employing agency  
An employer-certified job duties description on agency letterhead to include the exact dates of past, current and /or anticipated future full-time employment must be attached.**

CERTIFICATION: I certify that the above information and the attached job duties are accurate and true.

\_\_\_\_\_  
Agency Official Name/Signature/Title (Signature stamp is not acceptable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (street, city, state, zip)

\_\_\_\_\_  
Telephone Number

**PART III: SUNY SLSC Determination:**

Approved and processed for:

Initials/Date:

Denied/Reason:

**Return original document by mail to: SUNY Student Loan Service Center**

SUNY SLSC WEB 10/2014