

GENERAL CANCELLATION BENEFIT INFORMATION FOR HEAD START TEACHERS  
AND STAFF IN A STATE LICENSED PRE-K OR CHILD CARE PROGRAM

HEAD START CANCELLATION

A borrower is entitled to have up to 100% of their Federal Perkins Loan canceled for qualifying service as a full-time staff member in the educational part of a preschool program carried out under the Head Start Act. A full-time staff member is someone who is regularly employed in a full-time professional capacity to carry out the educational part of a Head Start Program. The program must operate for a full academic year, or its equivalent and the borrower's salary may not be more than that of a comparable employee working in the local educational agency. An authorized official of the Head Start Program must sign the borrower's cancellation form to certify the borrower's service.

The annual cancellation rate is 15% of the original principal loan amount—plus the interest that accrued during the year—for each complete school year.

PRE-KINDERGARTEN OR CHILD CARE PROGRAM CANCELLATION

A borrower employed as of 8/14/08 is eligible to have up to 100% of their Federal Perkins Loan canceled for qualifying service as a full-time staff member in the educational part of a pre-k or child care program that is licensed or regulated by the State. A pre-kindergarten program is a State-funded program that serves children from birth through age six and addresses the children's cognitive, social, emotional and physical development.

The annual cancellation rate is 15% of the original principal loan amount—plus the interest that accrued during the year—for each complete service year.

**DEFERMENT:** If you are working in a position which you believe will qualify you for partial cancellation, a form requesting deferment must be filed at the start of service to suspend billing and defer payments of principal and interest. Accompanying your request, you must provide an employee certified job duties on agency letterhead signed by your employer. If applying for pre-k service deferment, you must provide written documentation evidencing the program is State-funded. If applying for child care service deferment, you must provide written documentation evidencing the program is licensed or regulated by the State. A six-month post-deferment grace period follows.

**CANCELLATION:** Cancellation applications must be submitted at the completion of each twelve months of service.

Improper completion of forms will cause delays in updating your loan. Until the SUNY Student Loan Service Center receives all of 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 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](mailto: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

**FEDERAL PERKINS LOAN PROGRAM REQUEST FOR DEFERMENT/CANCELLATION  
HEAD START STAFF-MEMBER PRE-K OR CHILD CARE PROGRAM STAFF**

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.**

**An employer-certified job duties on agency/school letterhead must be attached, which must include documentation evidencing the pre-k program is State-funded or the child care program is licensed or regulated by the State.**

I declare I am/was employed FULL-TIME as: \_\_\_\_\_ a staff member in the educational part of a preschool program under Head Start.  
\_\_\_\_\_ a staff member in the educational part of a pre-k program that is State-funded and serves children from birth through age six. (effective 08/14/2008)  
\_\_\_\_\_ a staff member in the educational part of a child care program that is licensed or regulated by the State. (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 accurate and true. 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 school or agency official.**

**An employer-certified job duties on agency/school letterhead must be attached, which must include documentation evidencing that the pre-k program is State-funded or the child care program is licensed or regulated by the State.**

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

\_\_\_\_\_  
Name of School or Agency

\_\_\_\_\_  
Print Name of Authorized Official

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Authorized Official (Signature stamp unacceptable)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

**PART III: SUNY SLSC Determination:**

Approved and processed for:

Initials/Date:

Denied/Reason:

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