

Tennessee Tech University

Firefighter Cancellation Form

<u>Please return this form immediately, Incomplete forms will not be accepted.</u>

| Name/Address: | Mail form To: Tennessee Tech University Loan Accounting |
|--|---|
| | PO Box 5037 |
| | Cookeville, TN 38505 |
| Email Address: | Account Number: |
| Day Phone # Evening pho | one #Cell Phone# |
| Lending Institution Tenne | ssee Technological University OPE # 003523 |
| Sec | tion 1 Perkins Cancellation Type |
| This is to certify that I am requesting a cancellation | for being a: Firefighter |
| | (s). I am a full-time firefighter for a local, State or Federal fire department or fire district. |
| This loan will be canceled at the following rates: 15 percent of the original principal loan amount for each of the first at 20 percent of the original principal loan amount for each of the third a 30 percent of the original principal loan amount for the fifth year. | |
| | Section 2 Certification Period |
| Please complete all of the following that applies: | |
| My year of employment began: Starting date: | and ended: |
| Section 3 Borrower Signature | |
| I will also be employed next year. | |
| I declare that the information above is true and correct. I fur | ther declare that I will notify TTU immediately upon any change in my status |
| Borrower Signature: | Date: |
| Section 4 Ce | rtification by School/Agency/Institution |
| I certify that the information stated above is true and correct | |
| Name of employer | OFFICIAL |
| Address | SEAL OR STAMP |
| City State | Zip Phone |
| Signature of Authorized Official | Date |
| Printed Name and Title | |
| ****FORM MUST BE STAMPED WITH THE ORGANIZATION'S SEAL O | R STAMP OR LETTERHEAD MUST BE SENT STATING THAT NO SEAL OR STAMP IS AVAILABLE**** |
| F | OR INSTITUTIONAL USE ONLY |
| %Canc Amt Canc \$ Official N | ameDate |
| Official N | ame Date |