INDIANA UNIVERSITY
Student Loan Administration
P. O. Box 1609
Bloomington, IN 47402-1609
812-855-4511
866-IU LOANS
FAX 812-855-5848

_____
Name

_____
Address

_____
Student ID

CANCELLATION APPLICATION PART 1: To be completed by borrower.

I hereby apply for cancellation of a portion of my student loan based on my employment as a full-time staff member of Head Start.

My full academic year of full time employment began _____ and ended _____

If you did not complete a full academic year, please fill in the date your employment ended _____

_____ _____ _____
Signature of Borrower Date Daytime Telephone Number

PART 2: To be completed by borrower's supervisor.

I hereby certify that the information stated above is true and correct to the best of my knowledge.

Name of School _____ County _____

Address _____
Street Address City State Zip

Telephone _____ Date _____

Signature of Authorized Official _____ Title _____

PART 3: To be completed by INDIANA UNIVERSITY personnel.

{____} 1st year 15%
{____} 2nd year 15%
{____} 3rd year 15%
{____} 4th year 15%
{____} 5th year 15%
{____} 6th year 15%
{____} 7th year 15%

Amount Cancelled
Principal _____
Interest _____

Total _____

For IU Use: □ approved □ disapproved by _____ date _____