



DOROTHY DURFEE AVERY LOAN FORGIVENESS
Request for Cancellation Benefit or Deferment prior to Cancellation

For questions, please call University Accounting Services at 1-800-999-6227. You will receive e-mail confirmation once your form has been approved and processed. Please be sure to include your email address.

PART I: GENERAL INFORMATION TO BE COMPLETED BY BORROWER

Form with fields for Name, Account Numbers, Address, City, State, Zip Code, Social Security Number, Employment Phone, Home Phone, Cell Telephone, and a checkbox for 'Is this a New Address?'.

I. Check box for type of full-time Service or Employment:

- Teaching - Public School
Teaching - Private School

Form with fields for Name of SPECIFIC SCHOOL, City, State, Zip, County, and School District.

Form with fields for Job Title, Grade level(s), and Subject.

III. Declaration

I request deferment of payments (Current or next employment year) I will notify Stanford University upon a change in my status. Employment/Service: Dates must cover one complete calendar year or two consecutive semesters. Please include a copy of your contract for the upcoming year.

Form with fields for Begin and End dates.



DOROTHY DURFEE AVERY LOAN FORGIVENESS

Request for Cancellation Benefit or Deferment prior to Cancellation

III. Declaration - continued

I hereby apply for a partial cancellation. I understand that I may only request this benefit after a full year (or academic year) of employment. You will be required to provide documentation establishing your eligibility every year. Half (50%) of the loan is forgiven after the second year of teaching and the remaining 50% is forgiven after the fourth year of teaching (See Eligibility Criteria on page 3).

Begin

[Empty box for Begin date]

End

[Empty box for End date]

** REQUIRED **

Signature of Borrower: _____ Date: _____

I understand that if, for any reason, I do not complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan following my 6 month grace period.

PART II: CERTIFICATION INFORMATION TO BE COMPLETED BY SCHOOL OFFICIAL

IV. Certification of Employment, Service, or Enlistment Period:

Date of Hire: _____ Last Day of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____

This space is provided for the organization's official seal or stamp. If one is not available, provide a letter of certification on School Letterhead confirming the borrower's service, employment, or enlistment. This letter should include employee's start date and full-time status.

I certify that the borrower is employed and teaching full-time. I further certify that the information provided by the borrower regarding his/her service/employment is true and correct.

Signature of Official: _____

Print Name: _____

Title: _____

Date: _____



DOROTHY DURFEE AVERY LOAN FORGIVENESS

Request for Cancellation Benefit or Deferment prior to Cancellation

ELIGIBILITY CRITERIA:

To qualify for the cancellation benefits listed below you must serve in an eligible capacity for a complete academic year or two consecutive semesters. While you complete your year of service/employment, you may defer the payments that would come due. Upon receipt of your completed form, we will make a preliminary determination of your eligibility for cancellation. If it is determined that you **will not qualify** for cancellation, we will deny your deferment request and payments will be due as billed. If it is determined that you will be eligible for cancellation, we will suspend billing for payments due during your year of service/employment. At the end of your year of teaching/service/employment, you must provide documentation of having fulfilled the requirements in order to receive partial cancellation of your loan.

NOTE: A form may be submitted at the beginning of the year of service/employment to Defer payments while eligible service is performed. A second form may be submitted upon completion of the year to receive partial Cancellation. All forms must cover a complete year; partial years do not qualify you for cancellation. **Please note: You may use a single form to cover both the benefit year that has passed (cancellation) and may be used to cover the upcoming year of service/employment (deferment). It will depend upon your contract and your employer's ability to certify the form.**

BENEFITS FOR THE AVERY FORGIVENESS LOAN

You must be employed FULL-TIME in a public school or private school to receive these benefits

INSTRUCTIONS: (Complete all applicable fields)

1. Parts I-III must be completed by the borrower. Part IV must be completed by your employer. (We will return it unprocessed if any information is missing.)
2. Indicate your request for Deferment or Cancellation or both, and eligible dates.
3. Sign and date the form (**REQUIRED**). If your signature is missing, the form will be returned.
4. Have your employment/service dates and your job duties certified by an authorized official at your organization. If an official seal or stamp of the organization is not available, your employer/organization must submit verification of your service/employment on organization letterhead.
5. If you changed employers during the year, you must submit a cancellation form from each employer.
6. Return forms and supporting documentation to:

University Accounting Service, LLC.

Attention: Client Services
P.O. Box 932
Brookfield, WI 53008-0932



DOROTHY DURFEE AVERY LOAN FORGIVENESS
Request for Cancellation Benefit or Deferment prior to Cancellation

FOR INTERNAL USE ONLY
DO NOT COMPLETE

For Internal Use Only

Listed in Federal Register - Year Listed _____ Line #: _____

Not Listed in Federal Register

Deferred From: _____ To: _____ No. of Months: _____ Grace Ending Date: _____

Processed by: _____ Date: _____

Cancelled at _____ % Code: _____ End Date: _____

Fund _____ Principal _____ Interest _____ Balance _____

Fund _____ Principal _____ Interest _____ Balance _____

Fund _____ Principal _____ Interest _____ Balance _____

Fund _____ Principal _____ Interest _____ Balance _____

Lending Institution Only: _____

Table with 2 columns: Letter Sent, values: 1029 103C, 103A 103D, 103B 103E

Signature of Approving Official

Date