INSTRUCTIONS FOR COMPLETION OF THE REQUEST FOR CANCELLATION/DEFERMENT

Instructions for the Borrower:
- Complete and sign Section(s) 1, 2, and 3
- This form must be RECEIVED in the College by May 1st to be valid
- Indicate your place of employment and give a detailed job description of your duties
- Provide license and/or copy of diploma if applicable
- Mail signed CANCELLATION/DEFERMENT REQUEST FORM & EMPLOYER LETTER(s) to:

  Jeannine Rainbolt College of Education
  820 Van Vleet Oval, ECH 100
  Norman, OK 73019
  Attn: DEBT FREE TEACHERS

Please Note: If you worked for more than one employer, you will need to get employment verification from each employer.

Instructions for the Employer:
- Complete and sign Section 4
- Indicate name of business, address and phone number where you can be reached
- Attach a dated letter with signature, on company letterhead verifying dates of employment, job duties, and employment status for the employee

WE REQUIRE THE ORIGINAL FORM & EMPLOYER LETTER(s) TO PROCESS YOUR REQUEST. PLEASE DO NOT FAX A COPY.

FAILURE TO COMPLY WITH THIS INFORMATION COULD RESULT IN THE DELAY OF YOUR REQUEST.

If you have any questions regarding the completion of this form, please contact Dr. Sherry Cox at 405.325.2238.
REQUEST FOR CANCELLATION/DEFERMENT
LEW WENTZ OK TEACHER DEBT-FORGIVENESS

Section 1: Loan Account Number:________________________________________________________
First Name Last Name:______________________________________________________________
Street Address:____________________________________________________________________
City, ST, Zip :___________________________________________________________________
Phone/Cell Number:_______________________________________________________________
Email:__________________________________________________________________________

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 20 U.S.C. 1097.

Section 2: To be completed by borrower: I declare I am/was employed full time as: (check one)

<table>
<thead>
<tr>
<th>Special Education</th>
<th>Early Childhood Education</th>
<th>Math Education</th>
<th>Science Education</th>
<th>Foreign Language</th>
<th>Military Service</th>
<th>Other</th>
</tr>
</thead>
</table>

Section 3: I am requesting:

_____ Deferment from _____/_____/_______ to _____/_____/_______ as I anticipate completing one full year of service.

_____ Cancellation from _____/_____/_______ to _____/_____/_______ as I have completed one full year of service*.  

(Employment dates must equal one year)

Start date of employment (mmddyy) ________________ Are you still employed yes____ no ____ End date of employment________

Declaration: I declare all information provided in the request to be accurate and true. I will notify the University of Oklahoma immediately of any change in my employment status and begin payment if required. I authorize the University of Oklahoma and their (respective agents and contractors) to contact me and my employer regarding my request or my loan (s) including repayment of my loan (s), at the number provided on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Signature of Borrower:_____________________________________________Signature Date______________________

* Attach a letter to certify dates of employment, full-time employment status, job title, and a brief job description on company letterhead. Indicate whether your business is a public or private nonprofit agency and provide a copy of your license of certificate/or your 501c3.

Section 4: To be completed by EMPLOYER: By signing below, I certify the above information is true and correct.

Company Name:__________________________________________________________________________
Name and Title__________________________________________________________________________
Authorized Official:_____________________________________________________________________
Signature and date_____________________________________________________________________
Authorized:___________________________________________________________________________

Phone Number:__________________________________________________________________________
Business Address:_______________________________________________________________________
City, ST, Zip:__________________________________________________________________________
Cancellation Rates
A borrower must work a full year of service before the first cancellation takes place. A borrower can submit the request during the first year by November 1st of that year and the loan will be deferred. The first cancellation will not occur until application is received at the end of the first year. Documentation must be received yearly for the cancellation to take effect. A borrower’s loan is cancelled at the rates shown below for each completed year of full-time service, or in the case of teachers, for each full academic year of full-time teaching.

- **1st - 4th Year** 25% of the original loan amount

---

To be completed by Lending Institution:

Approved at: ______ 25%

Disapproved because: __________________________________________________________

__________________________________________________________

Signature of Official: ____________________________ Date: _______________________

Principal Amount Cancelled: $__________________________

Principal Balance $__________________________ Payment Postponed until________________________