

REQUEST FOR CANCELLATION OF PERKINS LOAN NURSING

Please note: To qualify you must be employed as a full-time nurse. (A nurse is a licensed practical nurse, a registered nurse, or other)

PART II - TO BE COMPLETED BY THE EMPLOYER

1) Is the borrower employed full-time as a licensed practical nurse or registered nurse licensed by an appropriate state agency to provide nursing services? Yes No

2) Is the borrower providing health care services directly to patients? Yes No

3) What is the borrower's job title? _____

Name of Certifying Official Title

Signature of Certifying Official

Telephone Number Date