

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