# Teacher Cancellation Addendum

## Part 1 - To Be Completed By Borrower

| Borrower Name (Last, First, Initial): | Account Number: | Social Security Number: |
|---|---|---|
| Address: City: State: Zip: | | Telephone Number: |

## Part 2 - To Be Completed By Employer

The borrower indicated above has applied for a cancellation of their student loan based on their employment as a teacher. In order for a cancellation request to be honored the employer must respond to the following questionnaire.

| | | Yes | No |
|---|---|---|---|
| 1 | Is the above referenced borrower employed by your institution as a teacher? | | |
| 2 | Is employing institution a public or other nonprofit elementary or secondary school system? | | |
| 3 | Please indicate borrower's **full-time** employment start date: (Excluding student teaching). | | |
| 4 | If response to question 1 was no, please indicate job title of borrower: | | |
| 5 | If the borrower is not a teacher, does the employing institution still consider the borrower to be a full-time professional for purposes of salary, tenure, retirement benefits, etc. (e.g. the ? borrower accrues the same benefits as teachers who are licensed and/or certified). | | |
| 6 | Is borrower employed directly by the School District? If no, indicate employer: | | |
| 7 | Is school where borrower is teaching a charter school? If so, please attach a copy of borrower's most recent paycheck stub and employment contract. | | |
| 8 | Is borrower a full-time employee? | | |
| 9 | Is borrower a substitute teacher? | | |
| 10 | If response to question 9 is yes, please indicate day count: days. Please note: Day count requested must be for the time period from: through: . | | |
| 11 | Does school serve students from low-income families? If so, please list the **name of the school(s) & county** where borrower is employed: | | |
| 12 | Is borrower a special-education teacher? This would include teachers of infants, toddlers, children, or youth with disabilities in a public or nonprofit elementary or secondary school system. | | |
| 13 | If your response to question 12 was yes, please indicate the percentage of students (in borrower's classroom) who are special-education students: % | | |
| 14 | Is borrower a mathematics, science, foreign language or bilingual teacher? | | |
| 15 | If your response to question 14 was yes, please indicate the specific subject taught: | | |
| 16 | Please indicate the percentage of time the borrower teaches the subject indicated in question 15: % | | |
| 17 | A copy of the borrower's official job description on school letterhead and signed by a school administrator must accompany this form. Is a job description enclosed? | | |

**I certify that the information stated above is true and correct.**

| Certifying Organization:<br><br>Telephone No: | Signature of Authorized Official: | |
|---|---|---|
| Address:<br><br>City: | Title: | Date Signed: |
| State: Zip: | | **Please return to:**<br>**Loans Receivable**<br>**Hannah Administration Building**<br>**426 Auditorium Rd Rm 140**<br>**East Lansing, MI 48824-2602** |