

Student Access Loan Service Cancellation Request Form

Please review Section A, complete Section B and Section C as directed, and return the completed form to Georgia Student Finance Authority, 2082 East Exchange Place, Tucker Georgia 30084. Telephone 770.724.9400/1.888.414.2692 Fax 770.724.9209

SECTION A

You must request service cancellation within twelve (12) months of completing the Qualifying Term of Service. You may request consideration for service cancellation eligibility when:

1. As a teacher you have worked for a minimum of 90 days in a STEM field at an approved public, elementary, middle, or secondary school in Georgia during the academic year for which you are seeking service cancellation, and you have satisfied State of Georgia certification requirements in the subject area of Science, Technology, Engineering or Mathematics.
2. You have worked as a Public Service employee in the state of Georgia for a minimum of one calendar year without interruption at one of the following: the State of Georgia; an agency or instrumentality of this state; the executive, legislative, or judicial branch of government of this state; a political subdivision of this state; the University System of Georgia or any unit of the university system; an authority or public corporation of this state; a local board of education of this state; or an agency or instrumentality of a political subdivision of this state.

SECTION B

PRINT: Last Name: _____ First Name: _____ M.I. _____ Maiden Name _____

Social Security Number: _____ Telephone Numbers: Work: (____) _____ Home: (____) _____

Permanent Mailing Address: _____ Other Number: (____) _____

City: _____ State: _____ ZIP: _____ Email Address: _____

SECTION C

INSTRUCTIONS: Please indicate your intentions by checking **ONE** of the following three options and complete the recipient's verification information below. I wish to apply for service cancellation of my Student Access Loan.

ATTACHED IS A COPY OF MY GEORGIA EDUCATOR CERTIFICATE or my Teacher Certificate Number is _____.
(Georgia Teachers)

- I have taught in the Georgia Public School system as a fulltime (list teaching field) _____ teacher.
- I have taught in the Georgia Public School system as a part-time (list teaching field) _____ teacher.
- I have worked as a full time Public Service employee in Georgia a minimum of one calendar year without interruption.

I was employed from beginning (date) From: _____ To: _____

Recipient's Verification: I hereby certify that the above information is true and acknowledge my responsibility to notify GSFA promptly of any change in my permanent mailing address or email address.

Signature: _____ Date: _____

By providing my telephone number, I authorize Georgia Student Finance Authority (GSFA) to contact me using various means of communication, including, but not limited to, calls placed to my cellular phone using an automated dialing device or calls using prerecorded messages regarding any current or future loans owned or serviced by GSFA, its affiliates and agents. I understand that I may also be charged by my service provider for receiving such communication.

Employer's Verification:

I hereby certify that the individual above was employed at (location) _____
from _____ to _____.

Teachers Employer's Verification:

Employee's Title _____ Subject Area: _____ Grade Level: _____ Teaching Field: _____

Signature (Principal/Superintendent): _____ Date: _____

Name (Print): _____ Title: _____ Telephone: (____) _____

Public Service Employer's Verification:

Employee's Title: _____ Employment status: Full time or Part time _____

Employer's Signature: _____ Date: _____

Name (Print): _____ Title: _____ Telephone: (____) _____