Provider of Early Intervention Services Cancellation Addendum

Part 1-To Be Completed By Borrower							
Borrower Name (I	Last, First, Initial):		Account Number:	Social Security Number:			
Address:	City:	State:	Zip:	Telephone Number:	Number:		
	Completed By control icated above has app		of their student loan t	pased on their employm	nent		
as a provider of ea		vices. In order for a ca		pe honored, the employ	er er		
					Yes	No	
		employed with your ag	ency?		<u> </u>		
2 Is borrower a full-time employee?							
3 Please indicate borrower's job title							
4 Borrower's full-time employment start dateend date (if applicable)					<u> </u>	╀──┤	
5 Is borrower a qualified professional provider of early intervention services?					<u> </u>	-	
6 Are the services provided by this borrower provided to infants and toddlers with disabilities (as defined below)?							
fined below)? Infants and toddlers with disabilities are defined as: Infants and toddlers from birth to age two,							
		tion services for specif		•			
	•	Education Act. Section		` ,			
	disabilities as those		.,				
	ave a diagonosed phesulting in developme	nysical or mental condi ental delay or	tion which has a high	probability of			
in m	truments and proced	elopmental delays, as r dures in one of more o pment, language and s help skills.	of the following areas:	cognitive develop-			
from birth to as intervention se	s two, inclusive, who ervices are not provid		ostantial developmenta	al delays if early			
		c or other nonprofit pro					
		ription must accompan					
Certification By	Employer required.	. I certify that the infe	ormation stated above	ve is true and correct.			
Certifying Organiz	zation:	Signature	of Authorized Official	:			
Telephone No:							
Address:		Title:		Date Signed:			
City:							
State: Zip: Form may be faxed t (517) 353-9640			to:	Please return to: Loans Receivable Hannah Administration Building 426 Auditorium Rd Rm 140			

East Lansing, MI 48824-2602