Military 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 service in the military. 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 serving a period of full-time active duty in the armed forces (that is, the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard)?		
2 Is borrower serving in an area of hostilities or an area of imminent danger that qualifies for special pay under Section 310 of Title 37 of the U.S. Code?		
Please indicate the borrower's service dates. Please note: The borrower's Commanding Officer must certify the dates indicated. Service Dates:		
From: To: Commanding Officer's Signature:		
From: To: Commanding Officer's Signature:		
From: To: Commanding Officer's Signature:		

Certification By Commanding Officer required. I certify that the information stated above is true and correct.

Certifying Organization:	Signature of Authori	zed Official:
Telephone No:		
Address:	Title:	Date Signed:
City:		
State: Zip:	Form can be faxed to: (517) 353-9640	Please return to: Loans Receivable Hannah Administration Building 426 Auditorium Rd Rm 360 (LR) East Lansing, MI 48824-2602