

Date: [Date]

To:

[Loan Servicer Name]

[Loan Servicer Address]

[City, State, Zip Code]

Subject: Employment Verification for Federal Perkins Loan Cancellation

To Whom It May Concern,

This letter is to verify the employment of [**Employee Name**] for the purpose of Federal Perkins Loan cancellation/deferment. Our records indicate the following employment details:

- **Employee Social Security Number (Last 4 digits):** [Last 4 Digits]
- **Job Title:** [Official Job Title]
- **Employment Start Date:** [Start Date]
- **Employment End Date:** [End Date or "Present"]
- **Status:** [Full-time / Part-time]

Service Type:

I certify that the employee is providing service as a:

[Insert specific category, e.g., Full-time teacher in a low-income school, Special education teacher, Full-time nurse, Medical technician, Law enforcement officer, etc.]

During this period, the employee has performed their duties in a satisfactory manner and meets the requirements defined by the Department of Education for this service category.

If you require any further information or documentation, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Signature of Authorized Official]

[Printed Name of Authorized Official]

[Title of Authorized Official]

[Name of Organization/Institution]

[Organization Address]

[Organization Phone Number]

[Place Official Organization Seal/Stamp Here, if available]