

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.

Return completed form with applicable supporting documentation to GSFA via: Secure Document

Upload on Pathways2GSFA.org (click to upload the documents)

Mail: Georgia Student Finance Authority, 2082 East Exchange Place, Tucker, Georgia 30084 Fax: 770.724.9209

Part A: To be completed by Applicant

1. Last Name	2. First Name		
3. Middle Name	4. Maiden Name		
5. SSN or Account Number	6. Area Code and Phone Number		
7. Permanent Mailing Address	8. City	9. State	10. Zip Code

Part B: Statement of Repayment Information

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 cancelation of my Student Access Loan.

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

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.

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.

12. Signature Applicant

13. Date of Signature

Part C: To be Completed by Public Employer

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

Teacher 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 _____