



2016-2017 Student Loan Cancellation / Reduction Form

Last Name		First Name		Middle Initial	
Student ID		Social Security Number		Date of Birth (mm/dd/yy)	
Address		Apt#	City		State Zip Code
Cell Phone Number		Alternate Phone Number		Email Address	

If you wish to cancel all or part of the 2016-2017 student loan please complete this form and submit it to the Financial Aid Office. This form must be postmarked within thirty (30) days of the date that you were sent an email advising you of your right to cancel your student loan.

Please select **one** of the options below:

- CANCEL ALL loan disbursements
- CANCEL loan disbursement for: (choose one)
 - Fall
 - Spring
- REDUCE a portion of loan disbursement: Amount \$ _____

Signature	Date
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FOR OFFICE USE ONLY

Processed by: _____ Date: _____ Status: Change/ Cancelled