



2017-2018 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 2017-2018 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 _____

FOR OFFICE USE ONLY

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