



LOAN CANCELLATION REQUEST

If you wish to cancel all or part of your student loan please complete this form and submit it to the Financial Aid Office (you may submit it via email to lahcsff@lahc.edu or via mail). This form must be postmarked or digitally date stamped within 14 days of the date that you were sent a communication advising you of your right to cancel your loan.

Borrower Information

Last Name

First Name

Student ID Number

Email address

Phone number

How much do you intend to cancel? \$ _____

Borrower Signature

Date

Student Information (if different from borrower)

Last Name

First Name

Student ID Number