



**2011-2012
Loan Cancellation**

LOAN CANCELLATION

Name: _____
Please print legibly

ID #: _____

SSN: XXX-XX-_____
Only last 4 of SSN

As a student borrower, you have the right to cancel all or a portion of your Stafford loan. To do so, check the appropriate information below, sign and date this form and return to the financial aid office. Please note: The first portion of a two semester loan may not be canceled without canceling the entire loan.

I wish to cancel my loan for the: (check all that apply)

_____ Fall 2011

_____ Winter 2012

I wish to cancel my: (check all that apply)

_____ Subsidized loan

_____ Unsubsidized loan

_____ Both subsidized and unsubsidized loans

Loan reduction(s):

I wish to reduce my loan(s) : (check all that apply)

_____ Reduce my subsidized loan to: \$ _____

_____ Reduce my unsubsidized loan to: \$ _____

Signature: _____

Date: _____

Return to: Office of Financial Aid 10775 N St Helen, Roscommon MI 48653 989-275-6789 fax