

# Samford University

**2007-2008**

## REQUEST to REDUCE LOAN

STUDENT'S NAME & ADDRESS

SOCIAL SECURITY #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

By signing below, I understand that I am asking the Office of Financial Aid (OFA) at Samford University to REDUCE the loan(s) indicated below. I also understand that the Office of Financial Aid will not return these funds after 14 calendar days from the disbursement date\*; after that time, I understand that it is the borrower's responsibility to return the funds.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**LOAN TYPE TO REDUCE**

**TERM:** *Indicate the NET amount you want RETURNED*

	FALL 2007	SPRING 2008	SUMMER I 2007	SUMMER II 2007	SUMMER 2007	JAN TERM 2008
STAFFORD LOAN [Sub & Unsub]						
STAFFORD LOAN [Sub Only]						
STAFFORD LOAN [Unsub Only]						
PLUS						
PRIVATE						
PERKINS						
HEALTH PROFESSIONS LOAN						
CIOS						

OFA USE –

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" \*14 DAYS HAVE PASSED SINCE YOUR LOAN DISBURSED - We cannot complete your request, however you can choose to return the money back to the lender independently. If you need to contact the Bursar's Office regarding your refund check, please call 800-888-7214 or 726-2816.

" YOUR LOAN(S) WAS REDUCED on \_\_\_\_\_(date) by \_\_\_\_\_.