



2017-2018 REQUEST to REDUCE LOAN

STUDENT'S NAME & ADDRESS (Please print clearly)

STUDENT BANNER ID #

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 _____

Are you a Graduate or Undergrad Student?

LOAN TYPE TO REDUCE	TERMS			For Office of Financial Aid use only. Please do not write in the columns below.		
	FALL 2017	SPRING 2018	SUMMER 2018	Gross Amount	Net Amount Return	Notes
STAFFORD LOAN [Sub & Unsub]						
STAFFORD LOAN [Sub Only]						
STAFFORD LOAN [Unsub Only]						
PLUS						
GRADUATE PLUS						
PRIVATE						
PERKINS						
HEALTH PROFESSIONS LOAN						
CIOS						
COHRON						

 Office of Financial Aid Use Only:

_____ *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 205-726-2816.

_____ YOUR LOAN(S) WAS REDUCED on _____ (date) by _____

Samford University Office of Financial Aid - 800 Lakeshore Drive - Birmingham, AL 35229
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