



2018-2019 REQUEST to CANCEL LOAN

STUDENT'S NAME & ADDRESS (Please print clearly)

Student Banner ID #

By signing below, I understand that I am asking the Office of Financial Aid (OFA) at Samford University to **cancel in full** the loan(s) indicated below. I also understand that if my loan funds have already been disbursed to Samford University, my Stafford, PLUS, and/or Private loan will not be cancelled*. Submit this form 15-20 days prior to the first day of class.

Student Signature _____ Date _____

Are you a Graduate or Undergrad Student?

LOAN TYPE TO CANCEL	TERMS			For Office of Financial Aid use only. Please do not write in the columns below.		
	FALL 2018	SPRING 2019	SUMMER 2019	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:

- *YOUR LOAN HAS ALREADY DISBURSED - We cannot complete your request to cancel the loan(s) you indicated above because it has already disbursed to Samford University. 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 CANCELLED on _____ (date) by _____

Samford University
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