



## 2018-2019 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.		
	Please indicate the GROSS amount you would like to have Reduced.					
	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						

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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**  
**Student Financial Services**  
 800 Lakeshore Drive, Birmingham, AL 35229  
 Phone: (205) 726.2905 Fax: (205) 726.2738 Email: sfs@samford.edu