



2019-2020 REQUEST TO CANCEL LOAN

STUDENT'S NAME & ADDRESS (please print clearly)

STUDENT'S BANNER ID # (required)

 PHONE _____

Are you a Graduate or Undergraduate Student?

By signing below, I understand that I am asking the Samford University Student Financial Services (SFS) to **CANCEL in FULL** the loan(s) indicated below. I also understand that SFS will not return these funds after the established return date*. After that time, I understand that it is the borrower's responsibility to return the funds.

Student Signature: _____ Date: _____

***Return Policy:** Federal loans can be cancelled through Samford University until October 31st (fall) and March 31st (spring). Private loans can be cancelled up to 30 days after disbursement.

LOAN TYPE TO CANCEL	TERMS			For Student Financial Services use only. Please do not write in the columns below.		
	FALL 2019	SPRING 2020	SUMMER 2020	Gross Amount Returned	Net Amount Returned	Notes
SUBSIDIZED & UNSUBSIDIZED DIRECT LOAN						
SUBSIDIZED DIRECT LOAN						
UNSUBSIDIZED DIRECT LOAN						
PARENT PLUS LOAN						
GRADUATE PLUS LOAN						
PRIVATE LOAN						
HEALTH PROFESSIONS LOAN						
CIOS LOAN						
COHRON LOAN						

Student Financial Services Use Only:

YOUR LOAN CANNOT BE CANCELLED because _____

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

**Samford University
 Student Financial Services**

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