2016-2017 STUDENT LOAN CANCELLATION REQUEST

I, ________________________________________, Student ID# __________________

(Student name)

request the Armstrong Office of Financial Aid to CANCEL my student loan(s) for:

☐ FALL  ☐ SPRING  ☐ SUMMER

semester(s) for the 2016-2017 school year.

I would like for my canceled funds to be moved to:

☐ FALL  ☐ SPRING  ☐ SUMMER

____________________________________  ______________________
Signature  Date

Students that have a break in enrollment or transfer to another institution are required to complete Exit counseling at www.studentloans.gov. A hold will be placed on your Student Account until this requirement has been satisfied.

Student Comments: __________________________________________________________

____________________________________________________________

OFA Comments: ______________________________________________________________

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Revised 3/29/2016