



2009-2010 REQUEST to CANCEL LOAN

STUDENT'S NAME & ADDRESS _____

SOCIAL SECURITY # _____

PHONE _____

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*. Turn this form in 15-20 days prior to the first day of your class.

Student Signature _____ Date _____

LOAN TYPE TO CANCEL

FOR WHICH TERM(S) *(indicate the term with an "X")*

	FALL 2009	SPRING 2010	SUMMER I 2010	SUMMER II 2010	SUMMER 2010	ALL
STAFFORD LOAN [Sub & Unsub]						
STAFFORD LOAN [Sub Only]						
STAFFORD LOAN [Unsub Only]						
PLUS						
PRIVATE						
PERKINS						
HEALTH PROFESSIONS LOAN						
CIOS						

OFA USE – _____

*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 726-2816.

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

Fax: 205-726-2738

Phone: 205-726-2905

Email: ofa@samford.edu