



2009-2010 REQUEST to REDUCE 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 **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 _____

LOAN TYPE TO REDUCE

TERM(S): *(indicate the GROSS amount you want REDUCED)*

	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 –

*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 726-2816.

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