

The purpose of this form is to provide authorization to the Office of Financial Aid to reduce or cancel student and/or parent loans after the loan(s) have disbursed to the student account at Wittenberg University.

Please complete the form for any/all loans you wish to cancel for each semester or the full academic year.

Student Name: \_\_\_\_\_ Witt ID: \_\_\_\_\_

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I authorize the Financial Aid Office to reduce or cancel the following student loans:

	(enter the new amount)	(Circle YES or NO)	
Direct Stafford Subsidized Loan	\$ _____	YES	NO
Direct Stafford Unsubsidized Loan	\$ _____	YES	NO
Direct Graduate PLUS Loan	\$ _____	YES	NO
Private/Alternative Education Loan	\$ _____	YES	NO

The reduction or cancellation should include the following terms (check the appropriate term(s)):

- \_\_\_\_\_ Summer semester
- \_\_\_\_\_ Fall semester
- \_\_\_\_\_ Spring semester
- \_\_\_\_\_ Entire academic year

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I authorize the Financial Aid Office to reduce or cancel the following parent loans:

	(enter the new amount)	(Circle YES or NO)	
Direct Parent PLUS Loan	\$ _____	YES	NO
Private/Alternative Parent Education Loan	\$ _____	YES	NO

The reduction or cancellation should include the following terms (check the appropriate term(s)):

- \_\_\_\_\_ Summer semester
- \_\_\_\_\_ Fall semester
- \_\_\_\_\_ Spring semester
- \_\_\_\_\_ Entire academic year

\_\_\_\_\_ I understand that I may have a balance owed to Wittenberg University due to the reduction or cancellation of my student/parent loans after initial disbursement. I understand that I must make payment arrangements with the Student Accounts Office to pay any balanced owed because of this loan reduction or cancellation request.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent signature required only for the reduction or cancellation of parent loan(s).)