

Student Loan Adjustment 2019-2020

| Please print all information legibly. | | |
|---------------------------------------|--|--|
| Student Name | | O Student ID # |
| Please confirm the | e action you are requesting f | for the 2019-2020 award year: |
| ☐ I would like to r | educe the amount of my Dire | ct Subsidized Stafford \$ |
| ☐ I would like to r | educe the amount of my Dire | ct Unsubsidized Stafford Loan \$ |
| ☐ I would like to c | ancel my entire Direct Subsi | dized Stafford Loan. |
| ☐ I would like to c | ancel my entire Direct Unsul | bsidized Stafford Loan. |
| | cel only the following disburs appropriate term(s) below: Subsidized Loan Subsidized Loan Subsidized Loan Subsidized Loan | sements of my approved Stafford Loans. Unsubsidized Loan Unsubsidized Loan Unsubsidized Loan |
| Hocking College accoun | t. If I do owe money to the college as a | I have made may result in an oustanding balanced on my a result of this cancellation, I will make payment to the college low, I certify and understand the consequences of this request. |
| Student Signature | | Date |
| Office Use Only | | |
| Form Processed By | | Date |