



2024-25

Request Adjustment of Federal Student Loan

Middletown Campus
173 Skirmisher Lane | Middletown, VA 22645

Fauquier Campus
6480 College Street | Warrenton, VA 20187

Phone: 540-868-7130 | Fax: 540-868-7274
Email: fnaid@laurelridge.edu

Students and parents have a right to cancel a loan issued through the Federal Direct Stafford loan program at any time prior to disbursement, or if the loan has been disbursed, within 120 days of disbursement. To request an adjustment to your loan this form must be filled out in its entirety. You must indicate which loan you would like to reduce or cancel, the term in which the adjustment should take place and the amount of the adjustment.

| | | | | |
|-----------------------------------|---------------------|------------------------|----------------------|---------------------|
| <u>Student Name (Last)</u> | <u>(First)</u> | <u>(MI)</u> | <u>Date of Birth</u> | <u>Student Id #</u> |
| <u>Permanent Address (Street)</u> | | <u>(City)</u> | <u>(State, Zip)</u> | |
| <u>Home Phone #</u> | <u>Cell Phone #</u> | <u>@email.vccs.edu</u> | | |
| <u>E-mail</u> | | | | |

I am requesting the Office of Financial Aid to adjust my loan funds. If I am fully cancelling the Fall terms loans, I understand the lender will also cancel future disbursements. If I wish to have the loan reinstated, I understand that I may need to complete additional paperwork.

Request a **Cancellation** of my Federal Student Loan(s): Subsidized Unsubsidized PLUS
 Term Requested: Fall 20____ Spring 20____ Summer 20____ Amount \$_____

Request a **Reduction** of my Federal Student Loan(s): Subsidized Unsubsidized PLUS
 Term Requested: Fall 20____ Spring 20____ Summer 20____ Amount \$_____

Request an **Increase** of my Federal Student Loan(s): Subsidized Unsubsidized PLUS
 Term Requested: Fall 20____ Spring 20____ Summer 20____ Amount \$_____

Student Certification

I understand that my request for a loan adjustment will not be processed until the Financial Aid Office has the results of my FAFSA and have completed the verification process, if required. Laurel Ridge CC will also enforce the regulation that students must maintain at least half-time enrollment to receive disbursements of any loan funds. If I have received a Financial Aid Overage Check and wish to cancel my loan(s) in full, I must attach the original check to this form. Loan funds will be returned within 10 business days of the request.

By signing this certification, I authorize the College to take the appropriate action based upon my request above.

Signature _____ Date _____

Complete and return this form to the Laurel Ridge Community College Financial Aid Office closest to you.