



REQUEST ADJUSTMENT OF FEDERAL DIRECT STUDENT LOAN

Phone: 540-868-7130 | Fax: 540-868-7274 | Email: finaid@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.

Section A: Student Information

Last Name	First Name	M.I.
Student ID Number (EMPLID)	Date of Birth	Expected Graduation Date @email.vccs.edu
Phone Number	Student Email Address	

Section B: Loan Period, Loan Type, & Amount

Aid Year: ____/____	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Loan Type: <input type="checkbox"/> Subsidized <input type="checkbox"/> Unsubsidized <input type="checkbox"/> PLUS	
Requested Loan Action (Check One) <input type="checkbox"/> Cancellation <input type="checkbox"/> Reduction <input type="checkbox"/> Increase	Requested Loan Amount (See eligibility chart) \$ _____

Section C: Requirements & Understanding

Ensure you have completed the steps below and initial next to them:

_____ I am requesting the Office of Financial Aid to **adjust** my loan funds.

_____ I understand if I cancel fall loans, future disbursements are also be canceled. **Reinstatement is additional steps.**

_____ I am enrolled in at least **6 financial aid eligible credit hours** for the semester.

_____ I understand it is **my responsibility** to submit all required items—including any verification documents.

_____ I understand if I receive 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.*

_____ I have read the information about Schedule of Reduction ([SOR](#)) and understand that **changes in my intended enrollment above will impact my loan eligibility for the year.**

Completing, signing, and returning this form to Financial Aid serves as consent to initiate the loan adjustment.

_____	_____
Student Signature	Date

Financial Aid Office Use Only:	
<input type="checkbox"/> Adjustment Made <input type="checkbox"/> Comment Posted <input type="checkbox"/> Award Notification	FA Initials: _____ Date: _____