



FACLRF
LOAN REQUEST/CANCEL FORM
2009-2010

Student's Name _____ SSN/ID# _____
Last First
Date ____/____/____ Current Phone Number _____

TYPE OF LOAN:

____ Stafford Loan* ____ Parent PLUS Loan ____ Alternative Loan ____ Graduate PLUS Loan
(only reduction or cancellation) (only reduction or cancellation) (only reduction or cancellation)

*Please indicate whether or not you have ever received a Stafford loan. ____ Yes ____ No

If yes, who is your lender? _____

If no, please visit <http://www.coastal.edu/financialaid/Loantable.html> to complete the Stafford application process.

I am requesting the following loan amount:

____ Maximum
____ Other amount \$ _____

Please award the requested amount for the following term:

____ Fall Only ____ Spring Only
____ Academic Year ____/____ ____ Summer

____ **I am changing my grade level and I wish to increase my loan amount to \$ _____**

Please cancel the loan(s) for the following term:

____ Fall only ____ Spring only ____ Academic year ____ ____ Summer

Please cancel all aid for the following term:

____ Fall only ____ Spring only ____ Academic year ____ ____ Summer

Please reduce my loan of \$ _____ to the new amount of \$ _____.

Please reduce this loan for the following term(s):

____ Fall only ____ Spring only ____ Academic year ____ ____ Summer

Signature: _____ Date Signed: _____