

**AUTHORIZATION TO CANCEL OR REDUCE FEDERAL STUDENT LOANS**

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

WORK #: \_\_\_\_\_

I authorize the Office of Student Financial Services at Monroe University to cancel or reduce my \_\_\_\_\_ semester Federal Student loans (Subsidized, Unsubsidized, Parent PLUS, Graduate PLUS) to the following amount:

\_\_\_\_\_ Reduce loan(s) to the amount needed to cover tuition, fees, books, and any remaining charges.

\_\_\_\_\_ Subsidized loan \_\_\_\_\_ Unsubsidized loan \_\_\_\_\_.

\_\_\_\_\_ Parent PLUS \_\_\_\_\_ Graduate PLUS \_\_\_\_\_.

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student signature

Date

\_\_\_\_\_

Parent signature (For Parent PLUS only)

\_\_\_\_\_

Date