

## St. Cloud State University Request to Cancel and Return Loan Funds

Students and parents have the right to cancel loans made available through the Federal Perkins, the Federal Direct Loan Program, the Minnesota SELF Loan Program, the Private Education Loan Program, and the federal TEACH Grant any time prior to disbursement or if the loan has already been disbursed within 14 days after notification. To request a loan cancellation, please complete this form and return to:

Business Services Office  
Administrative Services Building Room 122  
720 4th Avenue South  
St. Cloud, MN 56301  
FAX: (320) 308-5113

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_  
Last First

Student ID Number or Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

I am requesting that the Business Services Office at St. Cloud State University cancel some or all of my loan funds. If I am canceling the entire first disbursement of a loan, I understand that the lender will cancel any future disbursements of this loan. If you wish to have a loan reinstated, you must complete another loan request via the Financial Aid Office website [www.stcloudstate.edu/financialaid](http://www.stcloudstate.edu/financialaid) and click on "Your Award Information".

In order to provide the greatest benefit to you, the borrower, loans will be canceled in the following order, unless you direct us otherwise.

- Minnesota SELF Loan
- Federal PLUS/Graduate Loan
- Federal Direct Unsubsidized Loan
- Federal Direct Subsidized Loan
- Federal Perkins Loan
- Federal TEACH Grant

Please check the appropriate box(es) and provide the information requested below:

**Please round check amounts to the nearest \$ value (ex. \$1001.36, should be \$1001.00)**

<input type="checkbox"/>	I wish to specify the loan to which this cancellation applies. Please cancel my _____ loan(s).
<input type="checkbox"/>	Please cancel the <u>ENTIRE</u> disbursement amount for (circle each as appropriate): Fall Term _____ Spring Term _____ Summer Term _____
<input type="checkbox"/>	Please cancel a <u>PORTION</u> of the disbursement amount for (circle each as appropriate): Fall Term _____ Spring Term _____ Summer Term _____ <b>Enter amount to be cancelled \$ _____</b>

**Signature:** \_\_\_\_\_

**Note:** To cancel an already disbursed loan, please attach a check in the amount of the loan you wish to cancel to this form. Make check payable to St. Cloud State University. If you wish to cancel a financial aid overage check issued by the Business Services Office, please attach the original check to this form, or a check in an equivalent amount. Loan funds will be returned to the lender within 14 days of this request.