

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 Direct Loan Program, the Minnesota SELF Loan Program, the Private Educational Loan Program (*only upon request*), 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:

St. Cloud State University Business Services Office
Administrative Services Building Room 123
720 4th Avenue South
St. Cloud, MN 56301
businessbilling@stcloudstate.edu
FAX: (320) 308-4877

Name (Print) _____
Last First

Date _____ Student ID or Star ID: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

I am requesting that the St. Cloud State University Business Services Office cancel some or all of my loan funds. If I cancel 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 in [your e-Services](#) under the “Financial Aid” link and “Loans.”

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 Direct Unsubsidized Loan
Federal Direct Subsidized Loan
Federal PLUS/Graduate Loan
Federal TEACH Grant

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

<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 (check each as appropriate): Fall Term _____ Spring Term _____ Summer Term _____
<input type="checkbox"/>	Please cancel a <u>PORTION</u> of the disbursement amount for (check each as appropriate): Fall Term _____ Spring Term _____ Summer Term _____ Enter amount to be cancelled (rounded to nearest whole dollar value) \$ _____

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. Loan funds will be returned to the lender within 14 days of this request.**