Request to Cancel or Return Loan Funds

Federal Direct Loans or Private Loans

LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:		ZIP:	
PHONE:	E-MAIL:		

Loans & Amounts

I/My parent would like to cancel the following loan in the amount of:

☐ Subsidized Student Loan: Amount $_____

☐ Unsubsidized Student Loan: Amount $_____

☐ Graduate PLUS Student Loan: Amount $_____

☐ Other: Type of Loan_____ Amount $_____

☐ Parent PLUS Loan: Amount $_____

☐ Private Loan: Amount $_____

Certification

The return or cancellation of loan funds may impact your/your student's Bursar student account. Please review and initial each statement.

All types of loans:

_____ I understand that processing this cancellation/return of funds may impact my/my students Bursar student account balance. I understand it may result in a new **past due balance** on the Bursar student account and that if so, this past due balance must be paid immediately through the Bursar Office.

_____ If this request **is submitted after the 14-day mandatory return period,** I understand I must have a credit balance on my/my student's Bursar student account that will cover the balance created by this request. I understand that if I fail to credit the account accordingly, **this request will not be processed.**

Private Loans only:

_____ If this request is submitted for a Private Educational Loan, I understand I must have a credit balance on my/my student's Bursar student account that will cover the balance created by this request. **The Right to Cancel period for a Private Educational Loan is managed by your lender.** The University of Arizona requires that **lenders withhold** the delivery of private loan funds to Arizona until after the Right to Cancel period has expired. This means once funds have released to your Bursar student account, your Right To Cancel period has already expired.

By signing this form, I am formally requesting the loan(s) be returned or cancelled and understand this may impact my Bursar student account.

Student Name: _____

Student Signature: _____ Date: _____

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