



Office of Financial Aid
 Recitation Hall
 PO BOX 720 Springfield, OH 45501
 937-327-7321 (Phone)
 937-327-6379 (Fax)
 Financial-aid@wittenberg.edu

Student & Parent Loan Reduction or Cancellation Request Form

The purpose of this form is to provide authorization to the Office of Financial Aid to reduce or cancel student and/or parent loans after the loan(s) have disbursed to the student account at Wittenberg University.

Please complete the form for any/all loans you wish to cancel for each semester or the full academic year.

Student Name: _____ Witt ID: _____

Student Loan Reduction or Cancellation Request:

I authorize the Financial Aid Office to reduce or cancel the following student loans:

Loan Type	Reduce the Loan (enter the new amount)	Cancel the Loan (Circle YES or NO)	
Direct Stafford Subsidized Loan	\$ _____	YES	NO
Direct Stafford Unsubsidized Loan	\$ _____	YES	NO
Direct Graduate PLUS Loan	\$ _____	YES	NO
Private/Alternative Education Loan	\$ _____	YES	NO

The reduction or cancellation should include the following terms (check the appropriate term(s)):

- Summer semester
- Fall semester
- Spring semester
- Entire academic year

Parent Loan Reduction or Cancellation Request:

I authorize the Financial Aid Office to reduce or cancel the following parent loans:

Loan Type	Reduce the Loan (enter the new amount)	Cancel the Loan (Circle YES or NO)	
Direct Parent PLUS Loan	\$ _____	YES	NO
Private/Alternative Parent Education Loan	\$ _____	YES	NO

The reduction or cancellation should include the following terms (check the appropriate term(s)):

- Summer semester
- Fall semester
- Spring semester
- Entire academic year

Certification: I understand that I may have a balance owed to Wittenberg University due to the reduction or cancellation of my student/parent loans after initial disbursement. I understand that I must make payment arrangements with the Student Accounts Office to pay any balanced owed because of this loan reduction or cancellation request.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Parent signature required only for the reduction or cancellation of parent loan(s).)

Return this form to the Office of Financial Aid for processing.