



Financial Aid Office, PO Box 587, Highway 76, Pendleton, SC 29670  
(864) 646-1650

## Parent PLUS Loan Cancellation or Return of Funds Request

**NOTE:** Student and parent are to complete this form and return it to the Financial Aid or Business Office. The loan will not be cancelled or funds returned until this form has been completed, signed by the parent and a check is attached for returning funds.

Date: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student's T#: \_\_\_\_\_  
Please Print

Parent Name: \_\_\_\_\_ Parent's SSN#: \_\_\_\_\_  
Please Print

**Select One:** \_\_\_\_\_ I am returning loan disbursement check. (Attach check to this form and take to Business Office.)

\_\_\_\_\_ I request to have my loans cancelled (return form to Financial Aid Office)

Check One	Portion of Loan to be Cancelled Or Funds to be Returned	Amount
	Fall Disbursement	\$
	Spring Disbursement	\$
	Summer Disbursement	\$

**REASON for CANCELLATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The student and parent acknowledge, by signing this document they understand they are responsible for any debt that may still be required on a billing statement. They understand this form will not be processed if it is not completed entirely and signed.

\_\_\_\_\_  
Student's Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (required)

\_\_\_\_\_  
Date