



Student Loan Cancellation Request

Student ID # _____

Name _____

Directions: All students have the right to cancel all or a portion of their student loan within 14 days of the date that their loan is disbursed to their student account. If you decide that you wish to return any portion of your loan back to the lender, please complete this form and return it to Student Services Central.

I request that SUNY Orange:

= Cancel the full amount of my student loan, for the entire Aid Year

= Reduce my loan by: \$_____ for the _____ semester.

- I understand that my student account will be adjusted to reflect this request.
- If this action results in a balance due to SUNY Orange, I will be responsible for settling the debt directly with SUNY Orange.
- If returning a financial aid refund check, bring the check with this form, to Student Services Central.

Student Signature _____ Date _____

*If you have questions on how to complete this form, please contact Student Services Central.