



# Feather River College – Financial Aid Office 2016-2017 Student Loan Reduction/Cancellation Form

Student Name: \_\_\_\_\_

FRC ID: \_\_\_\_\_

SSN#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please indicate which semester(s) you are requesting to reduce/cancel a loan?**

Fall 2016 & Spring 2017

Fall 2016 Only

Spring 2017 Only

**This form will not be processed if Loan Type and Dollar Amounts are incomplete.**

**Loan Type and Amount (Check one or both)**

Subsidized (3.76% interest rate)

Unsubsidized (3.76% interest rate)

Original Amount \$ \_\_\_\_\_

Original Amount \$ \_\_\_\_\_

Reduced Amount \$ \_\_\_\_\_

Reduced Amount \$ \_\_\_\_\_

New Loan Amount \$ \_\_\_\_\_

New Loan Amount \$ \_\_\_\_\_

*You have the right to cancel all or a portion of your loan within 14 days of the date your school disbursed your loan. If you would like to cancel your loan(s), the funds will be reversed from your student account and returned to the direct loan program. If cancellation causes a balance due for the remaining fees, housing and other charges, a hold will be placed on your records and you are responsible for immediate payment of the outstanding debt owed to FRC. **Please Note: If a refund has already been generated, you must return the check to FRC with your "Reduction/Cancellation form" otherwise, the loans cannot be cancelled.***

I understand that by signing this application, I am requesting to reduce/cancel my loan amount. Under penalty of perjury, I certify that the information I have provided on this application is true and accurate.

**I UNDERSTAND THAT ANY AMOUNT OWING ON MY ORIGINAL LOAN IS A FEDERAL EDUCATION LOAN THAT I MUST REPAY.**

Student Signature: \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE NOTE: THIS WORKSHEET MUST BE SIGNED AND DATED TO BE VALID.  
ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID**

<b>*** FOR OFFICE USE ONLY ***</b>	
Processed by _____	Date _____