



**Student Information:**

Student Name: \_\_\_\_\_ FRC ID: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parent Information:**

Parent Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone Number – Permanent: \_\_\_\_\_  
Phone Number – Cell Phone: \_\_\_\_\_

**For which semester(s) are you requesting to change a loan?**

Fall 2017 & Spring 2018       Fall 2017 **Only**       Spring 2018 **Only**

Original PLUS Amount	\$
<i>REDUCED AMOUNT</i>	\$
New PLUS Loan Amount	\$

You have the right to cancel all or a portion of your loan **within 14 days** of the date FRC disbursed your loan. If you would like to cancel your loan, the funds will be reversed from your son or daughter's student account and returned to the Direct Loan program. **PLEASE NOTE: If a refund has already been generated, you must return the refund check with this form otherwise, the loan cannot be reduced or 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 OWED ON MY ORIGINAL LOAN IS A FEDERAL EDUCATION LOAN THAT I MUST REPAY.**

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

<b>**FOR OFFICE USE ONLY**</b>			
		<b><u>Amount(s) Originated:</u></b>	
Processed By _____	Date _____	_____	_____
		SUB	UNSUB