



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

FOR OFFICE USE ONLY		
Processed By _____	Date _____	<u>Amount(s) Originated:</u> _____ PLUS