Financial Aid Decline/Reduce/Return Aid Form

Decline
I, _________________________________, am declining the following aid for the 2015-16 academic year:

○ Federal Direct Subsidized Loan

○ Federal Stafford Unsubsidized Loan (Accrues interest)

○ Direct Parent/Graduate Plus Loan

○ Alternative Loan

○ Federal Pell Grant

○ N.Y.S TAP

Reduce
I, _________________________________, for 2015-16 I am requesting the following aid to be reduced to:

○ Federal Direct Subsidized Loan $______________________________

○ Federal Stafford Unsubsidized Loan (Accrues interest) $________________

○ Direct Parent/Graduate Plus Loan $______________________________

○ Alternative Loan $______________________________

○ Federal Pell Grant $______________________________

○ N.Y.S. TAP $______________________________

By signing below I certify that I am responsible for paying the amount(s) declined or reduced above to my student account if it creates a balance. The amounts will no longer be accounted for in its existence or in its totality towards my student account statement (bill):

Student Signature: _________________________________ Date: __________________

Plus Borrower Parent Signature: _________________________________ Date: __________________

Student ID: 000__ __ __ __

Office Use Only
Attach Banner Record Confirmation
Banner Date received: __________ Counselor Initials: ______________
Cancel Loan Date: __________ Reduced Loan Date: ____________
Revised 7/27/15