2018-2019 PLUS Loan Change Request

Student Name: _____________________________________________________
                      Last                      First

Student ID: ______________________

Email: _____________________________________________________________

Phone: __________________________

Parent PLUS Loan

☐ Reduce my loan to $ ______________________

Check only one: ☐ Fall  ☐ Spring  ☐ Both Fall and Spring

☐ Cancel my loan for the loan period indicated below:

Check only one: ☐ Fall  ☐ Spring  ☐ Both Fall and Spring

Graduate PLUS Loan

☐ Reduce my loan to $ ______________________

Check only one: ☐ Fall  ☐ Spring  ☐ Both Fall and Spring

☐ Cancel my loan for the loan period indicated below:

Check only one: ☐ Fall  ☐ Spring  ☐ Both Fall and Spring

I certify under penalty of perjury that the information I have reported to qualify for federal student aid is complete and accurate. I understand that additional information may be required if this form is incomplete, if documentation is missing, unclear, or insufficient, or if additional questions arise based on the information provided. Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.

_________________________________________________________________________

Parent/Graduate Student signature                                          Date

_________________________________________________________________________

Parent/Graduate Student printed name