

Request to Cancel and Return Loan Funds



FINANCIAL AID OFFICE

Student Section

Name: _____ Student ID: _____

Full Address: _____

Email Address: _____@metrostate.edu Telephone: _____

Students and/or parents have the right to cancel a loan issued through the William D. Ford Federal Direct Loan Program at any time prior to disbursement or if the loan has already been disbursed, within 120 days of the disbursement.

By signing this form, I am requesting that the Financial Aid Office at Metropolitan State University cancel the following loan amount for the type and term as indicated below. Note: the amount requested to be canceled on this form **MUST** be in full dollar amount (ex: \$500.00 - NOT \$500.50) unless returning a BankMobile check then write exact amount below.

I understand that if I am fully canceling the first disbursement of a loan, all future disbursements of this loan will be canceled. Also, if I decide that I would like to accept loans at a later date, I understand I must complete a new online loan acceptance to accept the loan funds that I was awarded.

Please indicate the term and year you want the loan canceled for:

Term: _____ Year: _____

Please select from the following and fill in the amount you are returning:

- Personal Check: \$_____.00 Cashier Check/Money Order: \$_____.00
 BankMobile Check: \$_____ Other: _____ \$_____.00

Please make checks out to "Metropolitan State University" and attach it to the form. Loan funds will be returned within 14 business days of the receipt of this request. Incomplete forms will be returned and will delay processing.

Signature: _____

Date: _____

Please return this appeal, statement and documentation to:

Attn: Financial Aid Office
Metropolitan State University
700 East Seventh Street
Saint Paul, MN 55106-5000

Phone: 651-793-1300
Fax: 651-642-0636