

# Request to Cancel and Return Loan Funds

## STUDENT SECTION

Name \_\_\_\_\_ StarID \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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 Metro 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.

## 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Personal check \$ _____ .00   | <input type="checkbox"/> Cashier check/money order \$ _____ .00 |
| <input type="checkbox"/> BankMobile check \$ _____ .00 | <input type="checkbox"/> Other \$ _____ .00                     |

Please make check out to "Metro 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:  
Financial Aid Office | Metro State University | 700 East Seventh Street | Saint Paul, MN 55106-5000

Phone **651.793.1300** | Fax **651.793.1532**