

**2023/2024 Federal Student Loan
Cancellation/Reduction Form****(Please Print)**

As a federal student loan borrower, you can cancel all or a portion of a loan disbursement within 120 days of the date Meadville Lombard disbursed (paid out) your loan money. You can also cancel or reduce all or a portion of any future loan disbursement(s). Please schedule a meeting with a member of the financial aid office to review your plans. After you have met with a member of the financial aid office, please use this form to cancel all or a portion of your student loan amounts. If you choose to cancel an amount already disbursed to you, you will return the money you received either to Meadville Lombard or to your loan servicer, and you will not be charged interest or fees.

Student Name: _____ **Phone:** _____
Last Name / First Name / Middle Initial

Email: _____ **Ant. Graduation Date:** _____ **Last Four Digits of SSN:** _____

If you have any questions or concerns about completing this form, please contact the financial aid office before signing/submitting this document.

Please check the box for the semester you want the loan cancelled (check all that apply):

- ☐ Fall 2023
☐ Spring 2024
☐ Summer 2024

Please Indicate the amount of cancellation of the following Federal Loan(s):

Federal Direct Unsubsidized Loan Cancellation Amount: \$ _____

Federal Direct Graduate PLUS Loan Cancellation Amount: \$ _____

Please Initial next to each statement below to indicate your understanding and acceptance of each of the following:

- _____ I understand that I am cancelling all or a portion of my Federal Student Loan.
- _____ I understand that this request may result in a large balance due to the Meadville Lombard which I will be required to pay in full.
- _____ I have met with a member of the financial aid office and have discussed this decision. I understand if I have any questions or concerns, I should reach out to a member of the financial office to discuss them.

I authorize Meadville Lombard Theological School to cancel all or a portion of my federal loan(s) on my behalf for the amounts indicated above.

Student Signature: _____ **Date Completed:** _____

Please e-mail completed form to financialaid@meadville.edu.