

MORAINÉ PARK TECHNICAL COLLEGE
OFFICE OF STUDENT FINANCIAL AID
STAFFORD LOAN CHANGE REQUEST FORM

Student's Printed Name:
Social Security No.:
Telephone No.:

YOUR LOAN PROCEEDS WILL BE CREDITED TO YOUR SCHOOL STUDENT ACCOUNT.

IF YOU ARE REQUESTING A CANCELLATION OR REDUCTION OF THE LOAN AMOUNT, PLEASE RETURN THIS FORM TO THE FINANCIAL AID OFFICE AT THE FOND DU LAC CAMPUS.

IMPORTANT! If you wish to reduce or cancel your Stafford Loan(s), you must notify our office within 14 days after receiving a credit to account, remainder check or before disbursement.

*If you wish to **CANCEL** one or more of your loans, complete this section:

___ Please CANCEL my **subsidized** Stafford Loan for the _____ semester.

___ Please CANCEL my **unsubsidized** Stafford Loan for the _____ semester.

*If you wish to **REDUCE** one or more of your loans, complete this section:

___ Please REDUCE my **subsidized** Stafford Loan to the amount I have indicated \$_____

___ Please REDUCE my **unsubsidized** Stafford Loan to the amount I have indicated \$_____

Student's Signature:	Date:
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MORAINÉ PARK TECHNICAL COLLEGE
P O BOX 1940
235 N NATIONAL AVE
FOND DU LAC WI 54936-1940