Loan Cancellation Request Form

California State University, Long Beach

Instructions: For each term, you want your loan(s) adjusted, circle the action & provide the reduction/cancellation amount(s). Submit form to the Disbursement Office, Brotman Hall, Window #11 within 14 days from the date of your loan notification email. Requests received after 14 days will not be accepted.

Student Name: _____ **Campus ID:** _____ **Last 4 SSN:** _____

Student Phone: _____ **Academic Year:** _____

Loan Type	Fall	Spring	Summer	Total Amount to Reduce/Cancel
Subsidized Loan	Reduce Cancel Amount: $	Reduce Cancel Amount: $	Reduce Cancel Amount: $	
Unsubsidized Loan	Reduce Cancel Amount: $	Reduce Cancel Amount: $	Reduce Cancel Amount: $	
Parent PLUS Loan	Reduce Cancel Amount: $	Reduce Cancel Amount: $	Reduce Cancel Amount: $	
Graduate PLUS Loan	Reduce Cancel Amount: $	Reduce Cancel Amount: $	Reduce Cancel Amount: $	
Private Loan	Reduce Cancel Amount: $	Reduce Cancel Amount: $	Reduce Cancel Amount: $	
Perkins Loan	Reduce Cancel Amount: $	Reduce Cancel Amount: $	Reduce Cancel Amount: $	

- If you already have deposited your financial aid check or funds have been received by electronic refund to your financial institution, you must provide **a Cashier's Check, Money Order or Cash payable to CSULB** for the amounts you wished to be cancelled.
- If you have not deposited your financial aid check, it must be returned along with this form.
- Note that **any partial returned loan amount** may be adjusted due to your Loan Origination Fee; this may create a refund to you if excess funding was returned to CSULB.

Student Signature: _____ Date: _____
(Loan cancellation will not be processed without signature)

Parent Signature: _____ Date: _____
(For Parent PLUS only: Loan cancellation will not be processed without signature)

For Office Use Only

Disbursement Tracking	Payment Received	Financial Aid Tracking	Forwarded to Cashier's or Refund Technician
Loan disbursement date:	Cash: $	Date sent to Loan Team:	Cashier's:
Date form received:	CSULB check/cashier's check/Money order number:		Refund Technician:
Disb. Staff name:	Date: Amount: $		Date:

Mailing Address: 1250 Bellflower Blvd, BH-155 C/O Disbursements Office Long Beach CA 90840-0103