



**2021-2022 Loan Adjustment Form**

COMPLETE, SIGN, and SUBMIT to the Financial Aid Office ([financialaid@ccbs.edu](mailto:financialaid@ccbs.edu))

Student Name: \_\_\_\_\_

Last Four of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Cancellation of All Federal Loans**

Cancel my loan(s) for the following term(s):

Fall 2021                       Spring 2022                       Summer 2022

**Reduction of Federal Loan(s)**

Reduce my loan request to \$\_\_\_\_\_ \* for *each* of the selected term(s) below:

Fall 2021                       Spring 2022                       Summer 2022

*\*The amount noted will represent the net disbursement amount. This means that your actual gross loan amount will be slightly higher, as the Dept. of Education subtracts an origination fee prior to disbursement.*

I certify that all the information reported on this worksheet is complete and correct. I am responsible for any charges that may occur from the school for this cancellation/reduction.

Borrower's (Student's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_