

## Please complete in blue or black ink if possible. Typed signatures will not be accepted.

## Student Financial Services

 $\textbf{P} \ \ 206\text{-}281\text{-}2061 \ \text{or} \ 800\text{-}737\text{-}8826 \ (toll \ free)$ 

E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

## 2023 - 2024 LOAN REDUCTION OR CANCELLATION REQUEST

STUDENT NAME:			SPU ID: _		
1. I	dicate the quarter you want to reduce or cancel (check all that apply):				
	☐ Summer 2023		☐ Winter 2024	ı	
	☐ Fall 2023		☐ Spring 2024	L	
	For the term(s) selected abory	ve, specify the	amount you want	to reduce or cancel by	the
	Student Loan(s)			ou want to keep on account (*):	
	Federal Direct Unsubsidize	ed Loan	your olddon	. account ( ).	
	Federal Direct Subsidized	Loan			
	Federal Direct Graduate Pl	US Loan			
	Federal Nursing Loan				
	Institutional Loan				
	Other:				
	Parent Loan				
	Federal Direct Parent PLUS Loan				
,	└ *If you want to cancel the fu	ll amount of th	e loan, enter zero	(0) in the chart above.	
Student Signature		Date	Phone	Email	
Parent Borrower Signature (Required only for Parent PLUS loan)		Date	Phone	Email	
	se Only: EQ: LNRCR1, LNRCR2, Etc.	7			