

2018-2019 Loan Revision Form

This form is to be completed by the student to request a reduction, cancellation or reinstatement of their Federal Stafford Loan

Student Information: (Please Print)

1. Student's Name _____
2. Student's ID Number _____
3. Student Borrower email address: _____
4. Federal Stafford Loan Period:
___ Academic Year: August 2018 to May 2019
___ Fall Semester Only: August 2018 to December 2018
___ Spring Semester Only: January 2019 to May 2019
___ Summer Session only:

5. Requested Subsidized Stafford Loan Amount: \$ _____

(If you are declining the entire loan this will be zero)

6. Requested Unsubsidized Stafford Loan Amount: \$ _____

(If you are declining the entire loan this will be zero)

Borrower Certification: I certify that the information provided on this form is true and correct.

I also certify that I understand that in order for my Federal Stafford Loan to be revised I must complete and return this form to Barton College Financial Aid Office. By signing this Loan Revision Form, I give my consent to Barton College to revise my Federal Stafford Loan for the amount and loan period indicated above.

Borrower's Signature: _____

Date: _____