



*****FORMS MUST BE COMPLETED IN BLACK INK ONLY*****

Please Note: If the loan funds you wish to cancel have been refunded to you, you must return those funds to the Business Office in order for this cancellation request to be processed.

Student Name (Print): _____ Student ID#: _____

Parent/Borrower Name (Print): _____ Last 4 Digits Borrower SSN: _____

Please check one: ___ Fall ___ Spring ___ Summer

Loan Type: Parent Plus

Cancel this amount of the disbursement(s): \$ _____ .00

Incomplete forms will not be processed.

I hereby certify that I understand the information listed above

Parent/Borrower Signature: _____ Date: _____

Please note that processing may take 7-10 business days after documents are received. Processing time may be longer during peak processing times.

MAIL, FAX, OR EMAIL THIS FORM USING THE INFO BELOW...

Coastal Alabama Community College
Financial Aid
1900 Highway 31 South
Bay Minette, AL 36507
FAX: 251-580-2182
EMAIL: financial_aid@coastalalabama.edu