



PARENT LOAN DISBURSEMENT CANCELLATION REQUEST

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 complete and return to the Office of Financial Aid

**Bay Minette/Fairhope/Gulf
Shores District
1900 Highway 31 S
Bay Minette, AL 36507
251-580-2151**

**Brewton/Atmore District
PO Box 958
Brewton, AL 36427
251-809-1511**

**Monroeville/Thomasville/
Gilbertown/Jackson District
PO Box 2000
Monroeville, AL 36461
2800 South Alabama Ave
Monroeville, AL 36460
251-575-8256**