



**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*

**Coastal Alabama Community College  
Financial Aid  
Central Processing Office  
1900 Highway 31 S  
Bay Minette, AL 36507  
Phone: 251-580-2151  
Fax: 251-580-2182  
Email: [financial\\_aid@coastalalabama.edu](mailto:financial_aid@coastalalabama.edu)**