



STUDENT 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#: _____

Please check one: _____ Fall _____ Spring _____ Summer

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

Incomplete forms will not be processed.

I hereby certify that I understand the information listed above

Student 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**