



Office of Student Financial Aid
2400 Gillionville Road
Albany GA 31707-3098
Telephone 229-317-6746
Fax 229-317-6607

AWARD CHANGE REQUEST
2011 - 2012

Student Name: \_\_\_\_\_ SSN/School ID: \_\_\_\_\_
(Please PRINT)

Address: \_\_\_\_\_
(City, State, & Zip)

Email Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

AWARD CANCELLATION REQUEST

1. Please cancel the following awards for \_\_\_ Fall 11 \_\_\_ Spring 12 \_\_\_ Summer 12

- ALL financial aid
Student loan(s) only Subsidized Unsubsidized
Federal Work Study only
Parent Plus Loan (parent must sign form below)
Other: \_\_\_\_\_

2. Please reduce my student loan to:

\$ \_\_\_\_\_ Unsubsidized \$ \_\_\_\_\_ Subsidized
(Enter TOTAL loan amount for entire academic year)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature (for Plus loan only) \_\_\_\_\_

Date \_\_\_\_\_