Office of Scholarships and Financial Aid

UNIVERSITY

NORTHERN ARIZONA

14-Day Loan Return Form

| A. Student Information | | |
|------------------------|-------------|--|
| Student Name: | NAU ID: | |
| Phone: | NAU E-mail: | |

Important: Complete this form <u>only</u> if you wish to decline or reduce loan amounts applied to university fees or paid to you. Please note that you only have <u>**14 calendar days**</u> to return funds to the Office of Student and Departmental Account Services from the date the loan(s) disbursed to you. Your return will not be processed until payment for the amount being returned has been received.

Return this form and your check/money order to:

Student and Departmental Account Services Gammage Administration Building PO Box 4079 Flagstaff, AZ 86011-4079

| B. Check all that apply: | Specify amount to return: | |
|---|---------------------------|--|
| □ I wish to DECLINE my SUBSIDIZED loan | \$ | |
| □ I wish to DECLINE my UNSUBSIDIZED loan | \$ | |
| □ I wish to <i>DECLINE</i> my Parent PLUS loan | \$ | |
| I wish to DECLINE my Grad PLUS loan | \$ | |
| □ I wish to <i>DECLINE</i> my TEACH Grant | \$ | |
| □ I wish to DECLINE my PRIVATE/ALTERNATIVE loan | \$ | |
| I wish to REDUCE my SUBSIDIZED loan | \$ | |
| □ I wish to <i>REDUCE</i> my UNSUBSIDIZED loan | \$ | |
| □ I wish to <i>REDUCE</i> my Parent PLUS loan | \$ | |
| □ I wish to <i>REDUCE</i> my Grad PLUS loan | \$ | |
| □ I wish to <i>REDUCE</i> my TEACH Grant | \$ | |
| □ I wish to <i>REDUCE</i> my PRIVATE/ALTERNATIVE loan | \$ | |
| C. Agreement and Understanding | | |
| Student Certification: By signing below, I understand that I am responsible for any tuition, fees, housing, or other charges that were originally paid with my loan funds. | | |
| Typed, copied, or electronic signatures will not be accepted. | | |
| Student Signature: | Date: | |
| Parent Signature: (required only if Parent PLUS loan is being returned) | Date: | |