



Office of Financial Aid
 1704 S. Slappey Blvd.
 Albany, Ga 31701
Finaid@albanytech.edu
 Fax: 229-430-6180

Loan Change Request
2019-20 School Year

Student Name: _____ Student ID: 900- _____

Phone Number: _____ Email Address: _____@student.albanytech.edu

Type of Loan:

Federal Direct Student Loan: Sub or Unsub

Change Request:

Request to cancel my loan	I want to cancel all pending disbursements I understand that with this request, I may be responsible for any tuitions and fees due to the college as a result of the change.	Check: ___ YES ___ NO
Request to Redistribute Loan Disbursements	I want my loan split over	Circle One: • Fall/Spring/Summer • Fall/Spring • Spring/Summer
Request to Increase or Decrease my loan	I want to (check) ___ Increase ___ Decrease -the total amount I want to borrow by	\$ _____

By signing this form I understand that any changes made to my loan(s) after it has been processed could result in 3-4 weeks additional processing time. If I drop below halftime, completely withdraw, or do not return to school, my grace period begins. The grace period for all Stafford Loans is six (6) months.

Student Signature: _____ Date: _____

For Office use only
 Processed: _____ By: _____ Approved Denied