



2016–2017

Request to Return Disbursed Loans

Student Financial Services • 1 Ferncroft Road • Danvers, MA 01923-0840

978-762-4189 or 781-477-2191

www.northshore.edu/financial-services

sfs@northshore.edu

Required (please print)	LOANRT										
Student ID# <table border="1"><tr><td>N</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	N	0	0								<i>This form is used to reduce the loan funds by returning the refund check issued by NSCC or by making a payment. We will need the original refund check you received or a check can be made payable to NSCC to cancel all or a portion of your student loans. Please indicate in the box how you would like to proceed with your loans.</i>
N	0	0									
Last Name: _____											
First Name: _____											

I am requesting the following action on my return funds:

- Cancel** my loan for the **entire year**.
- Cancel** my loan for only the **current semester**.
- Reduce** my loan by the **amount of my refund check** for the current semester.
- Reduce** my loan funds from \$ _____ to \$ _____ for the current semester.
- Please indicate below if you would like these funds to be returned to a ParentPLUS loan or a specific loan.

Please read and check off the boxes

- I understand that it is my responsibility to repay all other Direct Loans that have been paid to me.
- I understand the amount I am returning can only be credited towards the current academic year loans.
- I understand NSCC will send back the funds to the Unsubsidized loan first for the semester unless otherwise noted above.
- I understand that NSCC will not refund the whole amount indicated if it creates a balance owed to the school.

Signatures

I have read, understand, and agree to the terms outlined on this form. **We cannot accept digital signatures.**

STUDENT'S SIGNATURE

DATE

PARENT'S SIGNATURE (for Parent PLUS loans)

DATE