



## Office of Financial Aid

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Loch Sheldrake, NY 12759  
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Fax: (845)434-0014

**TO: Financial Aid Office**

**SUBJECT: 2024-2025 Federal Direct Loan Cancellation/Reduction**

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Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Please indicate the type of loan(s) you would like to cancel and the applicable term(s):

- |                                                                                                   |                               |                                 |
|---------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Subsidized/Unsubsidized Direct Loans                                     | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Parent PLUS Direct Loan*<br><small>*Parent signature is REQUIRED</small> | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |

I understand that canceling my loan disbursement may cause a balance to be due which I will be responsible for paying.

- I would like to cancel a **PORTION** of my Subsidized/Unsubsidized Direct Loans in the amount of \$ \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Financial Aid Office at SUNY Sullivan will be able to process your request for cancellation if your Federal loan has not yet been disbursed or it has been 14 days or less from the date we emailed you of your right to cancel your loan.**

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### OFFICE USE ONLY

Date Processed: \_\_\_\_\_

FA Initials: \_\_\_\_\_