



Office of Financial Aid

112 College Road
Loch Sheldrake, NY 12759
Email: finaid@sunysullivan.edu
Fax: (845)434-0014

TO: Financial Aid Office

SUBJECT: 2025-2026 Federal Direct Loan Cancellation/Reduction

Student Name: _____

Student ID#: _____

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

☐ Subsidized/Unsubsidized Direct Loans ☐ Fall ☐ Spring

☐ Parent PLUS Direct Loan* ☐ Fall ☐ Spring
*Parent signature is REQUIRED

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.

OFFICE USE ONLY

Date Processed: _____

FA Initials: _____