

14 Day Loan Return 2024-2025

Financial Aid Office 7390 S. 6th Street Klamath Falls, OR 97603 (541) 882-3521 www.klamathcc.edu

(Please Print)

Last Name	First Name	Middle Initial
Social Security Number	 ;	Student ID Number
	4 days of the o	lege and receiving Federal Student Aid funds, you are date of disbursement. Return this form and your Building 9.
I am returning the entire amount on my refund check.		
I am returning a portion of my subsidized loan: \$		
I am returning all of my subsidized loan: \$		
I am returning a portion of my unsubsidized loan: \$		
I am returning all of my unsubsidized loan: \$		
If returning a portion, total tuition/fees to be covered by remaining aid: \$		
If disbursement check haenclosed is a check/rof: \$	noney order, pa	yable to Klamath Community College in the amount
		n, fees or other associated charges that were 14 business days for processing if a re-issue check is
By signing this document, I approve the above changes be made to my Financial Aid package.		
Signature:		Date: