

Loan Reinstatement/Cancellation Request 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	er Student	t ID #
I would like to request	that:	
My Subsidized Loa	an be reinstated for all eligible te	rms or the specified term(s)
My Unsubsidized	Loan be reinstated for all eligible	
	d Unsubsidized Loans be reinsta	ted for all eligible terms or the specified
Please cancel all	my loan funds as of(Wi	
•	y my Unsubsidized Loan funds as	(Mita in data)
Please cancel only	y my Subsidized Loan funds as o	of
I will be transferrin	ig to another school. Please cand	(Write in date) (Write in date) cel all my future financial aid
	(Write in date)	·
	y completed 45-degree credits (c ny transcript for second year Staff	
Other		,
By signing this docu package.	ment, I approve the above cha	inges be made to my Financial Aid
Signature:	Da	ate: