KLAMATH
Community College

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

14 Day Loan Return
2026-2027

(Please Print)

_____ _____ _____
Last Name First Name Middle Initial

_____ _____
Social Security Number Student ID Number

As a student attending Klamath Community College and receiving Federal Student Aid funds, you are able to return loan funds within **14 days of the date of disbursement**. Return this form and your check to the Business Office/Cashier located in 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 has been cashed:
- enclosed is a check/money order, payable to Klamath Community College in the amount of: $_____.

I understand that I am responsible for any tuition, fees or other associated charges that were originally paid with my loan funds. Please allow 14 business days for processing if a re-issue check is needed.

By signing this document, I approve the above changes be made to my Financial Aid package.

Signature: _____ Date: _____