KLAMATH
Community College

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

Loan Reinstatement/Cancellation Request 2026-2027

(Please Print)

_____ _____ _____
Last Name First Name Middle Initial

_____ _____
Social Security Number Student ID #

I would like to request that:

☐ My Subsidized Loan be reinstated for all eligible terms or the specified term(s) _____.

☐ My Unsubsidized Loan be reinstated for all eligible terms or the specified term(s) _____.

☐ My Subsidized and Unsubsidized Loans be reinstated for all eligible terms or the specified term(s) _____.

☐ Please cancel all my loan funds as of _____.
(Write in date)

☐ Please cancel only my Unsubsidized Loan funds as of _____.
(Write in date)

☐ Please cancel only my Subsidized Loan funds as of _____.
(*Write in date)*

☐ I will be transferring to another school. Please cancel all my future financial aid effective _____.
(Write in date)

☐ I have successfully completed 45-degree credits (classes 100 level or higher). Please evaluate my transcript for second year Stafford Loan limits.

☐ Other _____.

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

Signature: _____ Date: _____

Klamath Community College is an equal opportunity educator and employer