2023-2024



					LRF23						
Panther ID Number											

LDESS

P.O. Box 4040 • Atlanta • GA 30302-4040 Atlanta Campus: 404.413.2600 Fax: 404.413.2102 • http://sfs.gsu.edu

LOAN RETURN FORM

		NAME AND ADDRESS					
Student's Last Name	First	MI	Date of Birth				
			-	-			
Home Phone (area code + number)		Cell Phone (area coo	de + number)				
Street Address		<u> </u>			Apt/Suite No.		
City		State		Zip Code			
Instructions: The purpose of Grant be cancelled. This form received after this time will not	must be submitte						
The cancellation of this loan m balance may impact your abili- history.							
Check the semester(s) you	are requesting	the loan return:					
☐ Fall 2023		☐ Spring 2024					
Cancellation Type – In the	chart below in	dicate the fund to be ret	urned and the	amount of re	eturn.		
Fund Type		Full Cancellation	Partial C	Partial Cancellation Enter amount to be cancelled			
Subsidized Loan			\$.(00		
Unsubsidized Loan			\$.(00		
Graduate PLUS			\$.(00		
Parent PLUS			\$).	00		
Private Loan			\$).	00		
TEACH Grant			\$		00		
			-				
"I certify that this informati am responsible for returnin provided on this form and/o	g all financial aid	d monies received due to i					

(Required)