



A. Student Information

Student's Name: _____ FRC ID: _____

B. Parent Information

Parent Name: _____ SSN: _____
DOB: _____

C. Reduction/Cancellation – Please check the semester(s) you would like to reduce/cancel PLUS loan funds:

Fall 2019 & Spring 2020 Fall 2019 Only Spring 2020 Only

Original PLUS Amount: \$

PLUS Amount Reduced/Cancelled: \$

New PLUS Loan Amount: \$

**Current interest rate is 7.60%*

**New PLUS loan amount equals original PLUS amount minus PLUS amount reduced/cancelled.*

D. Borrower Right to Cancel

You have the right to cancel all or a portion of your PLUS loan within 14 days of the date FRC disbursed your loan. If you would like to cancel your loan, the funds will be reversed from your son or daughter's student account and returned to the Federal Direct Loan program. **Notice: If a refund has already been generated, you must return the refund check with this form otherwise, the loan cannot be reduced or cancelled.**

E. Parent Certification and Signature – I understand that this a federal educational loan that I must repay and, by signing this application, I am authorizing my parent PLUS loan be reduced/cancelled as specified above. I further certify that all the information reported on this application is complete and correct. The parent who requested the original PLUS loan must sign and date below. Warning! If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

Parent Signature: _____ Date _____

This worksheet must be signed and dated to be valid. Electronic and/or digital signatures are not valid.

For Office Use Only

PLUS Amount Reduced: _____ PLUS Amount Cancelled: _____

Comment(s):

Processed/Reviewed By: _____ Date: _____