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| A. Student Information | |
| Student's Name: _____ | FRC ID: _____ |

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|------------------------------|------------|
| B. Parent Information | |
| Parent Name: _____ | SSN: _____ |
| DOB: _____ | |

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| C. Reduction/Cancellation – Please check the semester(s) you would like to reduce/cancel PLUS loan funds: | | |
| <input type="checkbox"/> Fall 2020 & Spring 2021 | <input type="checkbox"/> Fall 2020 Only | <input type="checkbox"/> Spring 2021 Only |
| Original PLUS Amount: \$ _____ | | |
| <i>PLUS Amount Reduced/Cancelled: \$ _____</i> | | |
| New PLUS Loan Amount: \$ _____ | | |
| <i>Current interest rate is 5.30%</i> | | |

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

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| 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 students account and returned to the Federal Direct Loan program. Note: If a refund has already been generated, you <u>must</u> return the refund check with this form otherwise, the loan <u>cannot</u> be reduced or cancelled. |

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| 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. |
| <u>This worksheet must be signed and dated to be valid. Electronic and/or digital signatures are not valid.</u> |
| Parent Signature: _____ Date _____ |

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|------------------------------|------------------------------|
| For Office Use Only | |
| PLUS Amount Reduced: _____ | PLUS Amount Cancelled: _____ |
| Comment(s): _____ | |
| Processed/Reviewed By: _____ | Date: _____ |