



**Feather River College – Financial Aid Office
2016-2017 Parent PLUS Loan Reduction/Cancellation**

Student Information:

Student Name: _____ FRC ID: _____
S.S.N: _____ Date of Birth: _____

Parent Information:

Parent Name: _____ SSN#: _____
Date of Birth: _____ Email Address: _____
Phone Number – Permanent: _____
Phone Number – Cell Phone: _____

For which semesters are you requesting to change a loan?

Fall & Spring 2016/2017 Fall 2016 Only Spring 2017 Only

Original PLUS Amount	\$
<i>Reduced Amount</i>	\$
New PLUS Loan Amount	\$

You have the right to cancel all or a portion of your 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 Direct Loan program. **PLEASE NOTE: If a refund has already been generated, you must return the refund check with this form otherwise, the loan cannot be reduced or cancelled.**

I understand that by signing this application, I am requesting to reduce/cancel my loan amount. Under penalty of perjury, I certify that the information I have provided on this application is true and accurate.

I UNDERSTAND THAT ANY AMOUNT OWED ON MY ORIGINAL LOAN IS A FEDERAL EDUCATION LOAN THAT I MUST REPAY.

Parent Signature: _____ Date _____

**PLEASE NOTE: THIS WORKSHEET MUST BE SIGNED AND DATED TO BE VALID.
ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID**

*** FOR OFFICE USE ONLY ***	
Processed by	Date