

Loan Revision Request

Financial Aid Office, Moot 230, 1300 Elmwood Avenue, Buffalo NY 14222 Tel (716) 878 4902 | Fax 1-716-878-4903 financialaid.buffalostate.edu | finaid@buffalostate.edu

Banner ID:	S	tudent Name:	
Academic Year: 20 - 20			
	LOAN IN	CREASE REQUEST	
		ed based on maximum eligib which want your loan(s) ind	
Federal Perkins Loan	Summer <u>\$</u>	Fall <u>\$</u>	Spring <u>\$</u>
Direct Subsidized Loan	Summer <u>\$</u>	Fall <u>\$</u>	Spring <u>\$</u>
Direct Unsubsidized Loan	Summer <u>\$</u>	Fall <u>\$</u>	Spring <u>\$</u>
If not eligible for the full subs	sidized loan amount reques	sted, I authorize an unsubsidize	d loan be processed in its place
	LOAN R	REDUCTIONS REQUEST	
Reduction will only b	••	d amounts or amounts disbui ou want your loan(s) reduce	•
Federal Perkins Loan	Summer <u>\$</u>	Fall <u>\$</u>	Spring <u>\$</u>
Direct Subsidized Loan	Summer <u>\$</u>	Fall <u>\$</u>	Spring <u>\$</u>
Direct Unsubsidized Loan	Summer <u>\$</u>	Fall <u>\$</u>	Spring <u>\$</u>
Parent*/Grad PLUS Loan	Summer <u>\$</u>	Fall <u>\$</u>	Spring <u>\$</u>
Other:	Summer <u>\$</u>	Fall <u>\$</u>	Spring <u>\$</u>
	LOAN CAN	CELATION REQUEST	
Cancellation will only l	pe applied to undisburse	ed amounts or amounts disbu	ursed within the last 30 days.
Federal Perkins Loan	Summer	🗌 Fall	Spring
Direct Subsidized Loan	Summer	Fall	Spring
Direct Unsubsidized Loan	Summer	Fall	Spring
Parent*/Grad PLUS Loan	Summer	Fall	Spring
Other:	Summer	🗌 Fall	Spring
	AFI	FIRMATION	
By signing this form, I certify	that I have read and ag	ree to the terms of the Loan	Revision Request Form.
Student Signature:		Date:	
Parent Signature*: * Parent signature required for F	ederal Parent PLUS Loan R	Date: Revisions; the parent that borro	wed the loan must sign.
Financial Aid Office Use Only			
Approval Signature:		Date:	Rev: 11/2015 CA