



New York University

Office of the Bursar

Refund Department

7 East 12 Street, 7th Floor

New York, NY 10003-4475

Telephone: (212) 998-2818

Fax: (212) 998-2817

Dear Office of the Bursar:

REQUEST TO RETURN LOAN FUNDS APPLICATION

Student's Name: _____ Date: _____

Please return my:

_____ **Stafford Subsidized Loan** _____ **Stafford Unsubsidized Loan**

_____ **Parent PLUS Loan** _____ **Other Loan (Please Specify)** _____

Return back to my lender for the following reasons:

- _____ Cancel my loan.
- _____ Return the first disbursement of my loan and cancel the second disbursement.
- _____ Return the excess payment from my loan proceeds, and cancel the second disbursement.
- _____ Return the excess payment from my loan proceeds, and **do not** cancel the second disbursement.
- _____ Return a specific amount to my lender \$_____.

Sincerely,

_____	_____	() -
Student's Signature	University ID#	Telephone

_____	_____	() -
Parent's Signature (for PLUS Loan only)	University ID#	Telephone

***Please note that if you have a fall/spring loan and you want to send back the full first disbursement, you need to contact the Financial Aid Office so they can re-package you for a spring only loan.**