

|                                   |
|-----------------------------------|
| Student Name: _____               |
| Student ID #: _____<br>(8 digits) |



## Parent Loan Cancellation or Reduction Form

Please indicate below:

- New loan amount you're requesting.
  - IF CANCELLING: Select "Cancel"
- Which semester reduction is being made to.
- A brief explanation as to which action you are requesting.

|                            | New Amount Requested | Fall/Spring (split evenly) | Fall Only | Spring Only | Summer Only | Cancel |
|----------------------------|----------------------|----------------------------|-----------|-------------|-------------|--------|
| <b>Parent PLUS Loan</b>    |                      |                            |           |             |             |        |
| <b>Private Parent Loan</b> |                      |                            |           |             |             |        |

***Please explain what action you are requesting Student Financial Aid to make on your loan(s). If you're requesting a cancellation, please explain what has changed:***

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I acknowledge that if this change results in a bill due to the University of Missouri, I am responsible for paying these charges.

*If this statement is not acknowledged, this request form will not be processed.*

**Parent Borrower Signature:**

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Signature Date

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Print Name