

Student Name: _____

Student ID #: _____
(8 digits)



Student Financial Aid
University of Missouri

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
Parent PLUS Loan						
Private Parent Loan						

*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:*

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:

Signature

Date

Print Name