



# ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

The Office of Financial Aid  
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**2019-2020 Request to Cancel and Return Federal Parent Plus Loan Funds**

**A: Student Information**

Students Name		Students SSN	
Address			
Email		Phone Number	

**B: Loan Information**

Type of Loan Being Returned	Semester	Amount
Federal Parent Plus Loan		\$
Total		\$

**C: Signature**

Student Signature	Date
Parent Signature	Date

**Office Use Only:**

Date Processed: \_\_\_\_\_ Total Amount Returned: \$ \_\_\_\_\_

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Approved By (Print) \_\_\_\_\_ Approved By (Signature) \_\_\_\_\_