

# Request to Cancel the PLUS Loan

Date \_\_\_\_\_

I, \_\_\_\_\_, would like to cancel the PLUS loan in the amount of \$ \_\_\_\_\_ for the student name \_\_\_\_\_ with student ID number \_\_\_\_\_. In signing this letter, I am authorizing the Office of Financial Aid and Scholarships to cancel my PLUS loan.

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Student ID Number

If you agree to the terms and conditions of this letter, please mail letter to:

Hampton University  
Office of Financial Aid and Scholarships  
2<sup>nd</sup> Floor Whipple Barn  
Hampton, VA 23668