Request to Reduce Stafford Loan

Date____________________

I, ___________________________________________, would like to reduce the Stafford Loan from $ __________to $ __________. In signing this letter, I am authorizing the Office of Financial Aid and Scholarships to decrease my Stafford 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
2nd Floor Whipple Barn
Hampton, VA 23668