

Request to Cancel Parent PLUS loan

Date _____

I, _____, would like to cancel the Parent PLUS loan
(Parent Borrower)

for _____
(Student Borrower's Name) (Student ID #)

In signing this letter, I understand that this cancellation may result in an account balance that must be covered by other means. In signing this letter, I am authorize the Office of Financial Aid and Scholarships to cancel my Parent PLUS loan.

(Signature of Borrower)

(Borrower's Phone Number)

(Borrower's email address)

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

Hampton University
Office of Financial Aid and Scholarships
200 William R. Harvey Way
2nd Floor Whipple Barn
Hampton, VA 23668

Or email the form to financialaid@hamptonu.edu