

Request to Cancel Stafford loan

Date_____

I, _____ would like to cancel my
(Student Borrower's Name) (Student ID #)

Stafford loan. In signing this letter, I understand that there is a possibility that this cancellation could result in an account balance that I must cover by other means. In signing this letter, I authorize the Office of Financial Aid and Scholarships to cancel my Stafford 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