

Request to Decrease Stafford Loan

Date _____

I _____, would like to decrease the Stafford loan from
(Student Borrower's Name)

\$_____ to \$_____. In signing this letter, I understand there are fees that are deducted from the Stafford loan prior to the disbursement to the university by Direct Loans as outlined in the Notice of Guarantee and Disclosure Statement. I also acknowledge that this decrease may cause a balance on my account that I will need to cover by other means. I am authorizing the Office of Financial Aid and Scholarships to decrease 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