## Request to Use Private Loan for One Semester Only

|   | Date  |
|---|---|
| I,(Student Borrower's Name)   | (Student ID)  |
| would like to use my private loan for theI cannot exceed my Financial Aid cost of atteletter, I understand that there may be fees the disbursement to the university by my len Guarantee and Disclosure Statement. I am and Scholarships to use my Private loan for | endance for this semester. In signing this nat are deducted from the loan prior to der as outlined in the Notice of authorizing the Office of Financial Aid |
|   | (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