

COLLEGE OF MOUNT SAINT VINCENT

Return to Lender Request Form

First Name: _____ Last Name: _____ CMSVID:000 _____

PLEASE NOTE: Federal Direct Stafford & PLUS Loan Funds cannot be returned if more than 120 days have elapsed since the funds were disbursed. After 120 days, you must return your excess funds directly to your lender as a payment.

STUDENT LOAN RETURN

DIRECT/ STAFFORD LOANS SUBSIDIZED, UNSUBSIDIZED, GRADUATE PLUS

Please return \$ _____ on my **Direct** _____ **Stafford Loan** for the following semester:

Fall _____ Spring _____ Summer _____

A refund was generated, and I have enclosed the **original refund check**.

Please cancel any remaining disbursements for: Fall _____ Spring _____ Summer _____. I do not wish to receive any additional loan funds.

ALTERNATIVE/PRIVATE LOAN

Please return to the lender \$ _____ on **Alternative Loan** for the following semester:

Fall _____ Spring _____ Summer _____

Please cancel any remaining disbursements for: Fall _____ Spring _____ Summer _____. I do not wish to receive any additional loan funds.

PARENT/GUARDIAN/OTHER LOAN RETURN

Direct/Stafford Parent PLUS loan

Please return \$ _____ on my Parent PLUS Loan for the following semester:

Fall _____ Spring _____ Summer _____

A refund has been generated, and I have enclosed the **original refund check**.

Please cancel any remaining disbursements for: Fall _____ Spring _____ Summer _____. I do not wish to receive any additional loan funds.

Please check off following box if refund check was made to student and student is returning the check:

The refund checks being returned are made payable to me, the student, and by signing below I, the student, am authorizing College of Mount Saint Vincent to return these funds on the Parent PLUS Loan.

ALTERNATIVE/PRIVATE LOAN

Please return \$ _____ on Alternative Loan for the following semester:

Fall _____ Spring _____ Summer _____

Please cancel any remaining disbursements for Fall _____ Spring _____ Summer _____. I do not wish to receive any additional loan funds.

Borrower Full Name (Print): _____

Borrower Signature: _____

Date: _____

Student Signature: _____

Date: _____

Office Use Only:

Date Received: _____

Date Processed: _____

Financial Aid: _____ Student Accts: _____

Finance: _____ (Attach Return Check Copy)

E-Mail Copy to Student _____ Check # _____