

Last Name _____ First Name _____ Student ID _____

Email _____ Phone Number _____

PLEASE NOTE: Federal Direct Student Loan & 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

Please return to the lender \$ _____ on my **Federal Direct Loan** for the following semester:

Check One: 2020 Fall _____ 2021 Spring _____ 2021 Summer _____.

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

Please **cancel** any remaining disbursements for this term. I do not wish to receive any additional loan funds.

I have received an eRefund or cashed my refund check. (You will be notified by email when your loan has been reduced so that you may make a payment on your student account.)

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

Check One: 2020 Fall _____ 2021 Spring _____ 2021 Summer _____.

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

I have received an eRefund or cashed my refund check. (You will be notified by email when your loan has been reduced so that you may make a payment on your student account.)

Student Signature:

Date:

PARENT PLUS Loan Return

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

Check One: 2020 Fall _____ 2021 Spring _____ 2021 Summer _____.

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

Please **cancel** any remaining disbursements for this term. I do not wish to receive any additional loan funds.

I have received an eRefund or cashed my refund check. (You will be notified by email when the PLUS loan has been reduced so that payment may be made on the student's account.)

PLUS Borrower Full Legal Name:

Borrower's SSN:

Parent Borrower Signature:

Date:

The refund checks being returned are made payable to me, **the student**, and by signing below I, **the student**, am authorizing College of DuPage to return these funds on the Parent PLUS Loan. (To be completed ONLY if refund checks are in **student's** name but being applied to PLUS Loan; if this applies, PLUS funds cannot be returned unless both the **parent borrower** and the **student** have signed the form.)

Student Signature:

Date:

Important Note:

- ❖ Complete the form in its entirety as applicable to your situation.
- ❖ **Make a copy of this form for your records.**
- ❖ Fund Request Forms submitted without appropriate signature information will not be processed.

Please return this form to:

College of DuPage, Office of Student Financial Assistance – SSC 2220
425 Fawell Blvd., Glen Ellyn, IL 60137
Questions? Contact us at (630) 942-2251 or via email at loans@cod.edu.