

## Louisiana Office of Student Financial Assistance

Cancellation Request									
Name:	nformation:				ID Number:				
I authorize	the Office of Student F	inancial Assistance	to cancel th	ne Studen	t Loan disburs	sement(s) for t	he following borro	owers*:	
Effective Date	Borrower Name	Borrower SSN	Guarantee Date	Loan Pro- gram	Disbursement Date	Disbursement Number	Unconsummated or Consummated	Net Amount (School Refund)	Gross Amoun
Instructions: 1) Please comp	plete this request form by lis	ting each disbursement y	you wish to c	cancel. If re	quest is for a full	cancellation, the	Promissory Note is to	be returned to the	borrower.
Signature of Authorized Official		Title		_	Phone Number			Date	

## Louisiana Office of Student Financial Assistance Instructions for Completing the Cancellation Request

-Name: Enter name of lender reporting.

-ID Number: Enter D.O.E. number of lender reporting.

-Effective Date: Enter the date the request was first made.

-Borrower's Name: Enter Borrower's Name.

-Borrower's SSN: Enter Borrower's Social Security Number.

-Guarantee Date: Enter the date the loan was guaranteed.

-Loan Program: Enter Subsidized, Unsubsidized, or PLUS as indicated on LOSFA Notice of Guarantee. Abbreviations such as "S", "U" and

"P" may be used.

-Disbursement Date: Enter the dates of the scheduled disbursements you are cancelling. These dates are indicated on the Notice of Guarantee and

the Insurance Premium invoice. If you are only cancelling one disbursement, then you should only enter one disbursement date

for that borrower. If you are cancelling an entire loan, you must enter all scheduled disbursement dates for that borrower.

-Disbursement

Number: Indicate 1-4 per loan type, per loan period.

-Unconsummated

or Consummated: In this column indicate either "unconsummated" or "consummated." (U-Non-disbursed Funds, C-Disbursed Funds)

-Net Amount

(School Refund): Net amount school is returning to servicer.

-Gross Amount: Gross Amount to include insurance and origination fees.

-Signature, Title, Phone Number

and Date: Enter a legible signature and the title of the official authorizing cancellations and/or refunds. Please enter phone number where

official can be reached and the date.

Note: Careful review is suggested before signing to ensure information submitted is correct.