GEORGIA HIGHLANDS COLLEGE

Request for Loan Cancelation
2011-2012

MAIL, FAX or DROP OFF at:
Office of Financial Aid
3175 Cedartown Hwy., Rome, GA 30161
Fax: (706) 295-6731

NAME: _______________________________________  GHC ID #: ____________________

EMAIL: _______________________________________  PHONE #: ____________________

Loan Period you are requesting the cancelation:

FALL ___ SPRING ___ SUMMER ___

PLEASE NOTE:

• Loans are canceled in FULL – completion of this form will result in ALL pending disbursements for the loan being canceled. Should you decide you need the loan for the following semester during the same aid year, you will need to fill out a request for Loan Reinstatement. This form can be found on our website: www.highlands.edu/financialaid.

• This request takes 2-3 weeks to process.

• If a cancelation request is received on or after a disbursement date for your loan, you will be responsible for returning the loan funds to the lender directly.

______________________________________________________                 _____________________________
Student Signature                                  Date