

Empty rectangular box at the top left of the page.



2016-2017 Student Loan Change Form

1) I wish to have my student loan reduced to \$_____.

OR

2) _____ I wish to cancel my student loan.

Name: _____
Please print

Signature: _____

Student ID: J _____

Date: _____

Please return this form to
Jefferson Community College Financial Services Office
1220 Coffeen Street; Watertown, NY 13601
If you have questions, please call 786-2355.