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**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.