



2020-2021 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: _____

Adjustments to a student's schedule, including withdrawals, may affect financial aid and/or billing. All un-paid financial obligations may be assigned to an external collection agency. Collection and related legal costs will be added to the amount of indebtedness and will be the responsibility of the student.

**Please return this form to
SUNY Jefferson
Enrollment Services
1220 Coffeen Street; Watertown, NY 13601
Or financialservices@sunyjefferson.edu
If you have questions, please call 786-2437.**