Office of Student Financial Services
206 Memorial Hall
Hempstead, NY 11549
516-463-8000
516-463-4936 fax

REQUEST TO RETURN LOAN FUNDS

Student Name: _____ Hofstra ID: _____
Last Name, First Name (**please print**)

Please indicate below the loan(s) you wish to return:

_____ Stafford Subsidized Loan $_____ for _____ term
$_____ for _____ term

_____ Stafford Unsubsidized Loan $_____ for _____ term
$_____ for _____ term

_____ Parent PLUS loan $_____ for _____ term
$_____ for _____ term

_____ Graduate PLUS loan $_____ for _____ term
$_____ for _____ term

_____ Other Loan (_____) $_____ for _____ term
Lender Name $_____ for _____ term

_____ _____ _____
Student Signature Date Telephone #

_____ _____ _____
Parent Borrower Signature Parent Borrower Name (**please print)** Telephone #
(required only if PLUS is to be returned)

***PLEASE ALLOW 5-7 BUSINESS DAYS FOR YOUR REQUEST TO BE PROCESSED**