



Office of Financial Aid
 5717 White Bluff Road
 Savannah, GA. 31405
 Fax: 912-443-4164

2019-2020
Loan Change Request

****All Loan Changes must be submitted at least 2 weeks prior to the end of the term for which the request is being submitted for.***

Student's Name: _____ **Student ID Number:** _____

Loan Type/Lender:

SAL

Georgia Student Finance Authority (circle your loan type)
 Student Access Loan

Change Request:

<p>Request to Redistribute Loan Disbursements –</p> <p><small>*Can only be requested before loan funds are disbursed to the college</small></p>	<p>I want my loan split over</p>	<p><i>Circle One:</i></p> <ul style="list-style-type: none"> ▪ Fall/Spring/Summer ▪ Fall/Spring ▪ Spring/Summer
<p>Request to Cancel my Loan</p>	<p>I want to cancel all pending disbursements</p> <p>I understand that with this request, I will be responsible for any tuition and fees due to the college as a result of the change.</p>	<p>YES / NO</p>

 Student Signature

 Date

Please allow 5-7 business days for your request to be processed by the college.