UTHealth
The University of Texas
Health Science Center at Houston

Loan Return Request

Office of Student Financial Services 7000 Fannin, Suite 2220
Houston, TX 77030
Phone: (713) 500-3860
Fax (713) 500-3863

As a federal student loan borrower you have the right to request cancellation of all or a portion of the loan proceeds that you receive. If you wish to cancel all or part of a loan, you must notify this office no later than fourteen (14) days from the date the loan was credited to your student account.

COMPLETE ALL SECTIONS: Please complete this form in blue or black ink and print legibly

_____ _____
Student Last Name First Name Middle Initial Student ID Number

A. Loan Return Request

I, _____, do hereby request UTHealth Student

Financial Services to return to my lender, **The Department of Education**, the sum of

$_____ (net) to the _____ loan program on my
(round to the nearest whole dollar)

behalf for the _____ award year.

B. Certification and Signature

Signing below certifies that all of the information reported is complete and correct.
I understand all future disbursements for this loan will be cancelled.

_____ _____
Student Signature Date

Note: If returning multiple loan proceeds, please complete a separate form for each loan.

Office Use Only

Date Loan Disbursed: _____

Date Loan Return Request Received: _____

☐ Cash ☐ Check # _____ ☐ FAO initials _____

Attach check copy