Student Loan Change Form

Semester __________________________

1) I wish to have my student loan reduced to $_________.

OR

2) ____ I wish to cancel my student loan.

Name: _______________________________________
Please print

Signature: _________________________________

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.