



FINANCIAL AID OFFICE
360 Choate Ave., Buffalo, NY 14220
OFFICE 716.826.1200
FAX 716.828.6117

2022-2023 DIRECT LOAN ADJUSTMENT REQUEST FORM

Name: _____ Student ID: _____

This loan adjustment request is for the: _____ semester.

Alternative Loan / Direct Subsidized/Unsubsidized Loans

- I would like to **REDUCE** my alternative / subsidized / unsubsidized loan to \$_____.
- I would like to borrow enough loan money to cover my tuition/fees/books.
- I would like to borrow enough loan money to cover my tuition/fees only.
- I would like a net refund of \$_____.
- I would like to **RE-ACCEPT** my alternative / subsidized / unsubsidized loan for \$_____.
- I would like to **REJECT / CANCEL** my alternative / subsidized / unsubsidized loan.

Direct Parent PLUS Loans only

- I would like to **INCREASE** my PLUS loan to \$_____.
- I would like to **REDUCE** my PLUS loan to \$_____.
- I would like to borrow enough loan money to cover my child's tuition/fees/books.
- I would like to borrow enough loan money to cover my child's tuition/fees only.
- I would like a net refund of \$_____.
- I would like to **CANCEL** my PLUS loan.

If you decrease or cancel your loan(s), please understand that you are still responsible to pay for any charges owed to Trocaire College that would have been covered by your loan(s).

I certify that I am the borrower of the loan(s) indicated above and that I understand that my signature on this form authorizes Trocaire College's Financial Aid Office to change my loan(s) according to the above request.

 Student's Signature

 Date

 Parent's Signature

 Date

Please mail signed, completed form to:
Trocaire College Financial Aid Office, Room B10
360 Choate Avenue Buffalo, NY 14220-2094