



**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**