

Date Received Stamp

UCSB Financial Aid Office
Santa Barbara, CA 93106-3180

Office Use	Only
Processed by	
Processed date	

2009-10 Parent PLUS Loan Adjustment Form

A. Student Information

Last Name First Name MI Perm Number

B. Cancellation

Use the following options to cancel all or part of your loan.

1. Full Cancellation

Please cancel the entire amount of my Parent PLUS loan.

2. Partial Cancellation

Please cancel one or more quarters of my Parent PLUS loan (circle): Fall / Winter / Spring / Summer

C. Reduction

Use the following options to reduce your loan by a specific dollar amount.

1. General Reduction

Please reduce my Parent PLUS loan by the following amount: \$ _____
This reduction will be made evenly over the entire Academic Year unless specified below.

2. Specific Reduction

Please reduce my loan by the following amount for the specific quarter(s) designated below:

Fall \$ _____ Winter \$ _____ Spring \$ _____ Summer \$ _____

D. Change Disbursement Method

1. Student BARC Account

Please change the method of future disbursements of my Parent PLUS loan to go directly into the student's Billing Account. I realize that these disbursements will be used towards any fees the student owes. If there is any excess after all the fees are paid, a Direct Deposit to the student's bank account will be made if setup prior **or** a paper disbursement check in the student's name will be sent to the student's local mailing address.

2. Directly to Parent

Please change the method of future disbursements of my Parent PLUS loan to be mailed directly to the parent borrower's address as put on the Loan Request form. I realize that these disbursements are not made until the first week of class of each quarter and thus cannot be used to meet fee deadlines. Therefore, the **fees must be paid out-of-pocket or deferred before any disbursements of my Parent PLUS loan are sent**. See the BARC website at www.barc.ucsb.edu for instructions to set up a deferral of fees.

E. Change of Address

Please change the address on my Parent PLUS Loan Request to:

Street Address City State Zip

F. Authorization

I certify that I am the borrower of the Parent PLUS loan being revised.

I certify that the information provided is true and complete to the best of my knowledge. I realize that providing false or misleading information may lead to a fine, prison sentence or both.

I understand that the cancellation or reduction of any disbursement that has already been paid requires the funds be returned to the UCSB Billing Office within 30 days. (Note: Do not return the funds to Direct Loans.)

Print Name (Parent Borrower): _____ Last 4 digits of parent SSN: _____

Signature (Parent Borrower): _____ Date: _____