



Administrative Services/Bursar Operator  
Office of the Bursar

P.O. Box 4444  
Lafayette, LA 70504-444  
Office (337) 482-6388

## RETURNING FUNDS TO LENDER

I, \_\_\_\_\_, ULID \_\_\_\_\_ request to have my student loan in the amount of \_\_\_\_\_ returned to my lender for the \_\_\_\_\_ semester. If I need to be contacted for any reason regarding cancellation or reduction of this loan please contact me at \_\_\_\_\_.

\_\_\_\_\_ I agree to contact Financial Aid to let them know which lender /loan I want to cancel or reduce.

Other Comments:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date