



## 2019-2020 Student Loan Change Form

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

**OR**

2) \_\_\_\_\_ I wish to cancel my student loan.

Name: \_\_\_\_\_  
Please print

Signature: \_\_\_\_\_

Student ID: J\_\_\_\_\_

Date: \_\_\_\_\_

Adjustments to a student's schedule, including withdrawals, may affect financial aid and/or billing. All un-paid financial obligations may be assigned to an external collection agency. Collection and related legal costs will be added to the amount of indebtedness and will be the responsibility of the student.

**Please return this form to  
SUNY Jefferson  
Enrollment Services  
1220 Coffeen Street; Watertown, NY 13601  
If you have questions, please call 786-2355.**