



2026-27 LOAN CHANGE FORM

COMPLETE WITH BLACK INK ONLY. ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Student Name _____ Student Rocket Number _____

Student Signature _____ Date _____

Student Telephone Number _____ (_____) _____

Please be aware that you will be responsible for payment of any balance due on your student account resulting from a loan reduction or cancellation.

Form with checkboxes for loan reduction options and a section for additional Direct Loan funds with reasons.

Table for loan cancellation with columns for loan type and terms (Summer 2026, Fall 2026, Spring 2027).

Check if applicable to you: I will no longer be attending The University of Toledo effective _____ term.

Office use only: This information was collected _____ over the telephone / _____ over the counter. By _____ Date _____

TO RETURN THIS FORM:

Mail to: The University of Toledo, Office of Student Financial Aid, 2801 West Bancroft Street, Mail Stop 314, Toledo, OH 43606-3390
Fax to: 419.530.5835
Upload to: myUT.utoledo.edu "My Financial Aid" "Secure Financial Aid Document Upload"