



Office of Financial Aid 2025-2026 Loan Adjustment Form

Office Use Only
RR _____
LAF1 | LAF2 | LAF3

Complete this form to make an adjustment to your federal or private loan borrowing amounts. The adjustment may include canceling a portion of your accepted loans, accepting loans that you previously declined, or making an adjustment to a previously accepted Parent PLUS loan amount. ***Please make sure that this form includes all necessary handwritten signatures.***

LAST NAME	FIRST NAME	MIDDLE INITIAL
_____	_____	_____
STUDENT G NUMBER	BIRTHDATE	
_____	_____	

DIRECTIONS: Only complete sections relevant to your needs. You do not need to complete each section listed below. Submit completed forms via fax (336.316.2942) or email (financialaid@guilford.edu).

I request to: _____

1) RETURN FUNDS TO MY STUDENT LOAN SERVICER:

Complete this section if you have made a payment towards your student account and would like to **return** those funds to your student loan servicer.

\$ _____ in Subsidized Loans	\$ _____ in Unsubsidized Loans
\$ _____ in Grad/Parent PLUS Loans	\$ _____ in Private Loans

2) CANCEL A PORTION OF MY LOANS:

Complete this section if you need **cancel** a portion of the loan amount you accepted for a specific semester or Aid Period.

\$ _____ in Subsidized Loans for the _____ semester or <input type="checkbox"/> Entire Year
\$ _____ in Unsubsidized Loans for the _____ semester or <input type="checkbox"/> Entire Year
\$ _____ in Grad/Parent PLUS for the _____ semester or <input type="checkbox"/> Entire Year
\$ _____ in Private Loans for the _____ semester or <input type="checkbox"/> Entire Year

**Any dollars already refunded to you must be returned to the lender!*

3) ACCEPT MY PREVIOUSLY DECLINED OR CANCELED LOANS:

Please note that loan increases must be provided to you in equal disbursements over your enrollment period.

\$ _____ in Subsidized Loans	\$ _____ in Unsubsidized Loans
\$ _____ in Grad PLUS Loans	\$ _____ in Private Loans

4) ADJUST MY PARENT PLUS LOAN (REQUIRES SIGNATURE OF PARENT WHO APPLIED):

Please note that loan increases must be provided to you in equal disbursements over your enrollment period.

ACCEPT:

\$ _____ in additional Parent PLUS loans for the _____ semester or ☐ Entire Year

DECLINE:

\$ _____ in additional Parent PLUS loans for the _____ semester or ☐ Entire Year

PARENT SIGNATURE: _____ DATE: _____

I authorize Guilford College to submit a loan application in my name and further acknowledge that the lender will perform a credit check prior to issuing any PLUS loans. I understand that if the amount of loan funds I request are in excess of my Cost of Attendance, I will only be awarded up to the Cost of Attendance.

Student or Parent Signature

Date