



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:

Student Signature

Date