The University of Oklahoma Health Campus
Offices of the Bursar and Student Financial Aid
Return of Federal Loan Funds

By completing and signing this form, I am requesting the return of federal loan funds that I no longer require. I understand that federal loan funds that are returned may not be eligible for reinstatement or re-award at a later date.

_____ Student name (printed)

_____ Student ID

_____ Amount returned*

**I understand I cannot return more than what was disbursed to me after the calculation of origination fees and must be a whole dollar amount. Cents cannot be accepted. **

Important Loan Return Information

Federal Loan Notice: Federal loan funds that are returned may not be eligible for reinstatement or re-award at a future date.

_____ Federal loan to reduce or cancel

_____ Term and year of federal loan

_____

Student's signature Date

_____ Financial Aid staff signature and date

_____ Bursar staff signature and date