



Financial Aid and Scholarship Services Return of Financial Aid Funds

Academic Year

2023-2024

Student information

Last name	First name	Middle I.	10-digit ASU ID	
Local street address	City	State	Zip code	Daytime phone number

This form will not be processed if any items are left blank or illegible.
If clarification of your situation is necessary, additional information or documentation may be required.

Purpose of this form

To return loan funds to the Federal Direct Loan Program or Private Loan Lender.

Instructions

- Complete Sections A and B.
- Return this form in person or by mail to:** Financial Aid and Scholarship Services, Student Services Bldg., P.O. Box 870412, Tempe, AZ 85287-0412.

Section A: requested adjustments

Check Type (Please indicate what type of check you have attached)

- Personal ASU Refund Check Cashier's Check/Money Order

Reduction Amount	Type of Aid	Semester for Adjustment		
		Fall	Spring	Summer
\$	Direct Subsidized Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	Direct Unsubsidized Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	Federal Grad PLUS Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	Direct Parent PLUS Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	Private Education Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important: Return of Federal Direct Stafford Loan and Federal Direct PLUS Loan funds cannot be made after 120 days from the date of disbursement. Borrowers are responsible for loan fees and interest accrued on any returns of Federal Direct Stafford or PLUS loans made after 120 days from the date of disbursement. Borrowers are responsible for any loan fees and/or interest accrued on any return of Private Education Loans made after 30 days from the date of disbursement.

Special Instructions

Section B: Certification and signature

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student's signature	Date form was signed
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If you need assistance with completing this form, please contact our office at 855-278-5080 or students.asu.edu/contact/financialaid.