FOR OFFICE USE ONLY: REFUND
Refund Check:
Cashier's Check:
Money Order:
Receipt Emailed: Y/NA

JAG#:_____

2024 – 2025 Request to Return Loan Funds

Student Name:_____

check to this form. If y to submit a cashier's cl	ou have cashed heck or money our lender. Re	l your refund check order made payable eturn requests wa	or received a refund versity of S	ng, please attach the original via direct deposit, you will need South Alabama for the amount Il after the last day of the	
Semester (circle):	Fall 2024	<u> </u>	g 2025	Summer 2025	
Check the appropriate	•	•		-	
I want to return	n the full amou		Parent PLUS	Graduate PLUS	
I want to return Subsidi		ny: Unsubsidized	Parent PLUS	Graduate PLUS	
Amount to retu	ırn: \$	(whole dol	lar amounts only)		
	s form. Allov			nail to the address indicated 5. INCOMPLETE FORMS WILL	
I understand that I will covered by these loans	l be responsibl . <i>NOTE: Loan</i>	e for any tuition, fe returns must be m	es or other charges tha ade in whole dollar a	ed adjustment to my loan(s); and at may have previously been mounts. If your return request you will be billed for the	l
Student Signature		_	Date		
Parent/ Parent PLUS Loan Bor (required for Parent PLUS Loa			Date		

TYPED SIGNATURES WILL NOT BE ACCEPTED.