2026-27 Parent PLUS Loan – Right to Cancel

Student Name:	Student ID #:
Parent Name:	Parent Email:

☐ I wish to cancel the full Parent PLUS Loan funds for the 2026-27 aid year.

☐ I wish to decrease my Parent PLUS Loan for the 2026-27 aid year.

I have accepted $_____ in Parent PLUS Loan for the 2026-27 aid year and would like to reduce it down to $_____.

Comments

Each person signing this worksheet certifies that all the information reported on it is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Borrower Signature: _____ **Date:** _____

As always, please contact us if you have any questions.

Barton Financial Aid Office
(866) 257-2574
financialaid@bartonccc.edu