

**2026-2027
Financial Aid
Adjustment Form**

FAADJ

Last Name First Name M.I. G00 _____
Student ID #

Mailing Address (including City, State, and Zip) Phone _____

Requesting a Decrease of Loan(s):

- I want to decrease my *Subsidized Loan* by \$ _____ for the term:
☐ Fall ☐ Spring ☐ Summer
- I want to decrease my *Unsubsidized Loan* by \$ _____ for the term:
☐ Fall ☐ Spring ☐ Summer
- My parent(s) and I want to decrease the PLUS loan by \$ _____ for the term:
☐ Fall ☐ Spring ☐ Summer

Requesting a Cancellation of Loan(s):

- I want to cancel my *entire current loan* for the term:
☐ Fall ☐ Spring ☐ Summer
- I want to cancel *only the Unsubsidized portion* of my loan for the term:
☐ Fall ☐ Spring ☐ Summer
- My parent(s)/I want to cancel the entire PLUS loan for the term:
☐ Fall ☐ Spring ☐ Summer
- My parent(s)/ I want to cancel only the portion of the PLUS loan for the term:
☐ Fall ☐ Spring ☐ Summer

Requesting a Decrease or Cancellation of Federal Work Study:

- ☐ I want to reduce my Federal Work-Study by \$ _____.
- ☐ I want to cancel my Federal Work Study.

Declining ALL Financial Aid:

- I decline ALL Financial Aid awards for: Fall ☐ Spring ☐ Summer ☐

Reinstatement of ALL Financial Aid:

- I accept ALL Financial Aid awards for: Fall ☐ Spring ☐ Summer ☐

Title IV Authorization:

- ☐ I **DO** authorize the State College of Florida to use my federal Financial Aid to pay for charges I make at the SCF Bookstore.
- ☐ I **DO NOT** authorize the State College of Florida to use my federal Financial Aid to pay for charges I make at the SCF Bookstore.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____
(Required for PLUS loans only)

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