



Ohio Northern University  
Office of Financial Aid

**Request to Return Loan Funds**

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Student's ID: \_\_\_\_\_ Student's Phone Number: \_\_\_\_\_

Student's Email: \_\_\_\_\_

College level:    Undergraduate    Law    Nursing Completion

Loan:    Subsidized Stafford    Unsubsidized Stafford    Private Loan: \_\_\_\_\_  
         Plus    Grad Plus    (Lender name)

Amount: \$ \_\_\_\_\_

Academic year: \_\_\_\_\_ Term:    Summer    Fall    Winter    Spring

Reason for returning loan: \_\_\_\_\_

**If Plus loan, please fill out the following information:**

Parent's Name: \_\_\_\_\_ Parent's SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:  
Ohio Northern University  
Office of Financial Aid  
525 South Main Street  
Ada, OH 45810