

Please submit this worksheet **IN PERSON** to the Office of Financial Aid with a copy of your ID!



**SOUTHERN
CRESCENT**
TECHNICAL COLLEGE

501 Varsity Road
Griffin, GA 30223
P: 770-228-7368
F: 770-229-3029

Locations
1533 Hwy 19 South
Thomaston, GA 30286
P: 706-646-6386
F: 706-646-6063

300 Lakemont Drive
McDonough, GA 30253
P: 770-467-6049
F: 770-914-4424

Loan Adjustment Form

Please Print clearly in **BLUE** or **BLACK** ink

I, _____ would like to modify my Federal Stafford Loan.
Name (Print clearly)

In signing this form, I understand that there are fees deducted from the loan prior to disbursement to Southern Crescent Technical College by Direct Loans, as outlined in the Notice of Guarantee and Disclosure Statement. In signing this form, **I authorize the Office of Financial Aid to make an adjustment to my loan.** Please indicate your adjustment below.

Cancel my loan in full

Reduce my original loan request

The reduced amount \$ _____

Increase my original loan request

The increase amount \$ _____

Request funds for upcoming term **Fall** **Spring** **Summer**

The requested amount for term \$ _____

Student Signature

Date

Student's phone number

Student's SCTC email

Student ID Number