

## 2022-2023 Federal Direct Loan Increase/Decrease Request Form

| Student Name:   | ID#   |
|---|---|
| LOAN INCREASE/DECREASE REQUEST                              |   |
| ☐ I am requesting a loan <b>increase</b> in the amount of:  | \$*  (dollar amount of increase only, do not indicate "maximum")  |
| ☐ I am requesting that my loan be <b>decreased</b> in the a | amount of: \$   |
| amount requested under the Subsidized Federal Student Loa   | ne Subsidized Federal Student Loan before processing any an. However, you may not be eligible for any or part of the full |
| Please check this box if you do not wish to have            | the additional Unsubsidized Federal Student Loan. ount requested. After the increase/decrease is processed you ar MyCCC.  |
| Student Signature:  | Date:   |
|   |   |

Return form to: Corning Community College Financial Aid Office 1 Academic Drive Corning, NY 14830 Phone: 607-962-9875

Fax: 607-962-9019