



**Trinity Valley Community College Office of Financial Aid
and Veterans 100 Cardinal Dr. Athens, TX 75751
903.675.6233**

2023 - 2024

Request to Cancel Aid at TVCC - Parent PLUS Loan

_____	_____
Parent Name	SSN
_____	_____
Student Name	TVIN or SSN

I would like to the Parent PLUS loan for the above named student to be cancelled for the semester(s) below:

Fall _____ Spring _____ Summer _____

_____	_____
Parent Signature	Date

The parent has requested the pending or awarded Parent PLUS Loan from TVCC be cancelled for the semester(s) indicated above.

I certify that the Parent PLUS Loan for the student listed above has been cancelled for the semester(s) indicated. All agencies, and authorities have been notified of the cancellation.

_____	_____
TVCC Authorized Signature	Date