



## 2024 - 2025 Request to Cancel Aid at TVCC - Parent PLUS Loan

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**Parent Name**

**SSN**

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**Student Name**

**TVIN or SSN**

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

**Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer**

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**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.

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**TVCC Authorized Signature**

**Date**