



UNIVERSITY OF ALASKA FAIRBANKS  
FINANCIAL AID OFFICE  
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FAIRBANKS, AK 99775-6360  
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Fax Number: (907) 474-7065  
uaf-financialaid@alaska.edu

FA LNRQST

## LOAN RETURN REQUEST FORM

Name: \_\_\_\_\_

UA Student ID (eight-digit): \_\_\_\_\_

Please return my (State, Federal, Alternative) loan funds for the

\_\_\_\_\_ semester in the amount of \_\_\_\_\_.  
(semester/year)

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