



**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

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