



THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

Student Loan Office
62 South Dunlap, Suite 107
Memphis, TN 38163
(901) 448-6771

DECLINE OF STUDENT LOAN

Per Federal Regulations, once a student's loan have been disbursed to their student account by the University, the student has 14 days to decline the full amount or a portion of their loans.

Repayment can only be made by check and mail payment to the address listed on form. Make check payable to UTHSC.

Date: _____

To: Student Loan Office
Fax#: (901) 448-6795

Day Telephone #: _____

Name: _____ SID: _____

College: _____ Academic Year: _____

As attested to be my signature, I hereby request and authorize the University of Tennessee Health Science Center to decline payment on _____, check # _____, amount _____, check date _____ issued to me during Fall Spring Summer term.

Please state reason for declining:

Student's Signature: _____ Date: _____