

Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

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SPILEDII/SES

2025 - 2026 PARENT PLUS LOAN REVISION REQUEST FORM

| UDENT NAME: | SPI | U ID: | |
|--|--|------------------|------------------------------------|
| EQUEST THE FOLLOWING REVIS | SION TO MY PARENT PLUS | S LOAN: | |
| ☐ PARENT PLUS LOAN INCRE | | | |
| Parent Loan | Enter the amount you want to reinstate: | | quarter(s) you e loan awarded: |
| Federal Direct Parent PLUS Loan | want to remstate. | would like til | e loail awalueu. |
| ☐ PARENT PLUS LOAN REDUCTION Parent Loan | Enter the amount you | | quarter(s) you le loan reduced: |
| | want to keep on your | Would like til | c loan reduced. |
| Federal Direct Parent PLUS Loan f you want to cancel the full amount f you'd like to reduce, cancel or reins | student account (*): of the loan, enter zero (0) in state student loans, please co | the chart above. | |
| | student account (*): of the loan, enter zero (0) in state student loans, please co | the chart above. | |