



FINANCIAL AID AND VETERANS SERVICES

Illinois Valley Community College

815 North Orlando Smith Rd, CTC-1015 Oglesby, Illinois 61348 | E-mail: financialaid@ivcc.edu | Telephone: 815-224-0438 | Fax: 815-224-0638

2024-2025 Revised Loan Request

Do not leave any fields blank. This form cannot be completed in pencil. Missing information will delay the processing of your loan.

Note: If it has been more than 14 calendar days since your loan disbursed to your account, we cannot reduce your loan.

STUDENT INFORMATION			
Student Name _____		Student ID _____	
Borrower Name (if different from student) _____			
<p>I am requesting a revision to my loan(s) from what I previously indicated on my account. Please disburse my loan amounts as indicated below.</p> <p>Note:</p> <ul style="list-style-type: none"> Only indicate amounts for the loan(s) that you would like revised. If you are increasing your loan amount(s), write the TOTAL amount accepted for the fall and spring semesters. For example, if you originally accepted \$3,500 and are requesting an additional \$2,000, indicate as follows: <div style="margin-left: 40px;">Increase Amount To: <u>\$5,500</u></div> The amount(s) will be divided between both fall and spring semesters unless you are attending only one semester. 			
<u>Federal Direct Subsidized Loan</u>			
Increase Amount To:	\$ _____ (TOTAL Amount Accepted)	Cancel:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring
Decrease Amount To:	\$ _____ (TOTAL Amount Accepted)		
<u>Federal Direct Unsubsidized Loan</u>			
Increase Amount To:	\$ _____ (TOTAL Amount Accepted)	Cancel:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring
Decrease Amount To:	\$ _____ (TOTAL Amount Accepted)		
<u>Federal Direct Parent PLUS Loan</u>			
Increase Amount To:	\$ _____ (TOTAL Amount Accepted)	Cancel:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring
Decrease Amount To:	\$ _____ (TOTAL Amount Accepted)		
<p>STATEMENT OF UNDERSTANDING: I understand this form is not a loan application and a Master Promissory Note must be completed. I understand the school is neither the guarantor nor lender. I understand any loan I borrow must be repaid with interest. I understand my financial aid file must be complete before my loan can be processed. I understand I must be enrolled at least half-time throughout each term in order to receive my loan proceeds. I understand that it can take a minimum of two weeks for the Office of Financial Aid to process my documents.</p>			
Student Signature → Must be drawn and not typed. _____		Date _____	

Forms can be submitted by:

Fax: 815-224-0638 | Mail: Office of Financial Aid, 815 N. Orlando Smith Rd Oglesby, IL 61348 | In Person: CTC-101S

Note: Documents submitted via email cannot be accepted due to security reasons.