



Student Financial
& Registration Services

ALTERNATIVE LOAN SERVICE REQUEST FORM

NAME: (print) _____

Student ID: _____

Email: _____

Lender: _____

Total Loan Amount: _____

Change the loan distribution

Please split or reduce loan as follows:

Disbursement 1 TERM _____ AMOUNT \$ _____

Disbursement 2 TERM _____ AMOUNT \$ _____

OR

Cancel a disbursement

Please cancel the following disbursement:

Disbursement 1 TERM _____ AMOUNT \$ _____

Disbursement 2 TERM _____ AMOUNT \$ _____

SIGNATURE: _____

DATE: _____

PLEASE RETURN TO:
Student Financial & Registration Services
The Culinary Institute of America
1946 Campus Drive
Hyde Park, NY 12538
Scan and email to SFRS@culinary.edu
Fax: (845) 905-4030