



THIS FORM IS USED TO REQUEST THE REISSUE OF YOUR STUDENT LOAN. PLEASE ALLOW FOUR WEEKS FOR YOUR REQUEST TO BE PROCESSED.

Student Name: \_\_\_\_\_  
Last First MI GWID: \_\_\_\_\_  
SSN: \_\_\_\_\_

I am requesting a reissue on the following loan(s):

- Federal Subsidized Stafford
- Federal Unsubsidized Stafford

Reason that loan(s) originally were cancelled:

\_\_\_\_\_  
\_\_\_\_\_

I have done the following to resolve the above problem:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

REISSU