



Medical College of Georgia

Loan Change Request Form

School Name	MEDICAL COLLEGE OF GEORGIA
First Name	
Last Name	
Social Security Number	
Date Of Birth	
Address	
City	
State	
Zip	
Telephone	
Email	
Summer 2008 Assistance Only	
School Enrolled In	
Lender	
Loan Type	
Subsidized Stafford	
Unsubsidized Stafford	
Increase Amount	
Decrease Amount	
Cancel (Include total to be canceled)	
School/Program attending	

For Grad Plus, Parent Plus and Resident or Relocations Loans contact the lender of choice.

Please print and send to:

Office of Student Financial Aid
1120 15th St. AA-2013
Augusta, GA 30912

FAX: 706-721-9407