



**THE UNIVERSITY OF TENNESSEE  
HEALTH SCIENCE CENTER**

**Student Loan Office  
910 Madison Avenue, Suite WP012  
Memphis, TN 38163  
(901) 448-6773**

### **DECLINE OF STUDENT LOAN**

**Per Federal Regulations, once a student's loan have been disbursed to their student account by the University, the student has 14 days to decline the full amount or a portion of their loans.**

**Repayment can only be made by check and mail payment to the address listed on form. Make check payable to UTHSC.**

**Date:** \_\_\_\_\_

**To:** Student Loan Office  
studentloans@uthsc.edu

**Day Telephone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **SID:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Academic Year:** \_\_\_\_\_

**As attested to be my signature, I hereby request and authorize the University of Tennessee Health Science Center to decline payment on \_\_\_\_\_, check # \_\_\_\_\_, amount \_\_\_\_\_, check date \_\_\_\_\_ issued to me during Fall Spring Summer term.**

**Please state reason for declining:**

\_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_