

2026-2027 Federal Direct Loan Increase/Decrease Request Form

Student Name:	ID#
LOAN INCREASE/DECREASE REQUEST	
☐ I am requesting a loan increase in the amount of:	\$* (dollar amount of increase only, do not indicate "maximum")
☐ I am requesting that my loan be decreased in the a	
amount requested under the Subsidized Federal Student Lo	he Subsidized Federal Student Loan before processing any pan. However, you may not be eligible for any or part of the full
Please check this box if you do not wish to have	e the additional Unsubsidized Federal Student Loan.
*You may not be eligible for any or part of the full amount requested. After the increase/decrease is processed you will be able to view the total amount of your loan(s) in MyCorning.	
Student Signature:	Date:

Return form to: Corning Community College Financial Aid Office 1 Academic Drive Corning, NY 14830 Phone: 607-962-9875