

MASSACHUSETTS
NO INTEREST LOAN
DEOBLIGATION FORM
2016-2017

Institution Name: _____ OE Code: _____

2016-2017 No Interest Loan Allocation: \$ _____

2016-2017 No Interest Loan Allocation Used to Date: \$ _____

Amount of 2016-2017 No Interest Loan Allocation De-Obligating \$ _____

Signature: _____ Date: _____

Print Name: _____

Telephone: _____

Please return via mail or fax to:

Massachusetts Office of Student Financial Assistance
454 Broadway, Suite 200
Revere, MA 02151
617-391-6070 – phone
617-727-0667 – facsimile