



UNIVERSITY OF ALASKA FAIRBANKS  
FINANCIAL AID OFFICE  
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FA LNREIN

## LOAN REINSTATEMENT FORM

Name: \_\_\_\_\_

UA Student ID (eight-digit): \_\_\_\_\_

Please reinstate my (State, Federal, Alternative) loan funds for the  
\_\_\_\_\_ semester in the amount of \_\_\_\_\_.  
semester / year

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_