



Name _____

Student ID _____

**FINANCIAL AID
 CANCELLATION REQUEST**

**Loans can only be canceled/reduced within a 2 week (14 days) period after the loan has disbursed to the student's account.*

- Please (choose one):
- Cancel All Financial Aid (Loans, Grants, and Workstudy)
 - Cancel Loans Only
 - Loan Reduction / Other (Please explain below.)

For the following semester(s), mark all that apply:

- Fall 20__ Spring 20__ Summer I 20__ Summer II 20__ Summer III 20__

Reason:

Transferring to: Name of College _____

Other: _____

Authorization to Release Information (Optional):

_____ I give Lamar University Office of Student Financial Aid permission to provide this form to the
 initial following: (forms can be faxed or mailed) Leave this section blank if you do not want our office to
 send confirmation of your aid cancellation to another school.

(If the information provided below is incorrect or incomplete your confirmation will be mailed to the address on file.)

Name of College: _____

College ID(the school you are transferring to): _____

Contact Person: _____

Fax Number: _____

Address: _____

By signing below, I UNDERSTAND THAT CANCELLING MY FINANCIAL AID DOES NOT WITHDRAW ME FROM MY CLASSES OR KEEP ME FROM BEING RESPONSIBLE FOR ANY MONIES OWED BY ME TO THE UNIVERSITY. I UNDERSTAND THAT I MUST CONTACT THE RECORDS OFFICE (RM 102) IN ORDER TO WITHDRAW FROM CLASSES.

 Student Signature

 Date

 Phone Number

Office Use Only:

Cancelled By _____

Date _____

Office Use Only CNXL
