



SCHOLARSHIPS & FINANCIAL AID  
**LAMAR UNIVERSITY**

Office: Wimberly Bldg, Room 200  
 P.O. Box 10042, Beaumont, Texas 77710  
 Email PDF: financialaid@lamar.edu

Name \_\_\_\_\_

Student ID \_\_\_\_\_

**FINANCIAL AID  
 CANCELLATION REQUEST**

**This form may only be submitted in person with a valid form of identification OR via your student email (myLamar) account.**

***\*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:

- I have not and will not be attending Lamar University for the specified semester(s)
- 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 <b>CNXL</b>
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