

FINANCIAL AID CANCELLATION REQUEST

Name: _____ Student ID: _____

Please cancel (*choose one*):
 Entire financial aid package (loans, grants, scholarships, and work study)
 Loans Only
 Other (Please identify): _____

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

Fall 20____ Spring 20____ Summer I 20____ Summer II 20____

Reason:

Transferring: (Name of school): _____

Other: _____

Authorization to Release Information (*optional*):

_____ I give Harris-Stowe State University's Office of Financial Assistance permission to provide this
Initial form to the school listed below (forms can be faxed or mailed):

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

Name of School: _____

Contact Person: _____

Fax Number: _____

Address: _____

*Leave the section above blank if you **do not** want our office to send confirmation of your aid cancellation to another school.*

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 REGISTRAR'S OFFICE (HGA 007) IN ORDER TO WITHDRAW FROM CLASSES.

Student Signature

Date

Phone Number