



Financial Aid Cancellation Request Form

Student Information

Name _____ ID # _____

Directions

This form may only be submitted with a valid form of identification

- 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 20__

Reason:

- I have not and will not be attending Lamar State College Port Arthur for the specified semester(s)
- Transferring to: Name of College _____
- Other: _____

Authorization of Release Information (Optional)

I give Lamar State College Port Arthur Office of Student Financial Aid permission to provide this form to the 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.

Name of College: _____

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

Contact Person: _____ Fax Number: _____

Address: _____

Certifications and Signatures

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 Lamar State College Port Arthur. I understand that I must contact the Advising Office in order to withdraw from classes. If funds have already been disbursed to my account, they must be returned to the school.

Student's Signature

Date

Phone Number

Office Use Only

Cancelled By _____ Date _____