



Office of Student Financial Aid

Financial Aid Cancellation Form 2016-2017

Student Name \_\_\_\_\_ KSU ID# \_\_\_\_\_ Phone # \_\_\_\_\_

I request my financial aid to be cancelled for the following semester(s):

Fall Semester Spring Semester Summer Semester Academic Year (fall/spring)

If you need another school notified of this cancellation of financial aid please enter a mailing address or fax number below:

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fax Number \_\_\_\_\_

I hereby authorize Kennesaw State University to cancel any pending financial aid and release all pertinent aid information to my new school (if requested above).

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

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I certify that all pending financial aid has been cancelled at the student's request and will be reported to COD.

Financial Aid Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_