



**FINANCIAL AID  
CANCELLATION REQUEST**

Name \_\_\_\_\_

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

**This form may only be submitted in person with a valid form of identification OR uploaded via your Self Service Banner 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 Aid permission to provide this form to the following:  
initial (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**