(CNCLFM)

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 ot 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

_____ _____

Canceled By Date

Financial Aid Office: Student Center Room 304
Mail: PO Box 310 Port Arthur, TX 77641
Phone: 409-984-6203 * Fax: 409-984-6025
FinancialAid@lamarpa.edu

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