2017–2018 CANCELLATION OF AUTHORIZATION TO APPLY FINANCIAL AID

Use this form to rescind authorization to have financial aid applied to your account. This form is not applicable to Federal Direct Loan Program funds. Federal Direct Loans consist of Subsidized, Unsubsidized, and PLUS Loans.

Student Name__________________________________________________________      Student ID_________________________

Last
First
Middle

Telephone (_____ ) ____________________________________________        E-mail________________________________________________

I understand that the decision to rescind authorization to directly apply financial aid proceeds to my student account
  • will delay delivery of proceeds to me.
  • will prohibit use of federal funds to defer payment of charges beyond tuition, fees, and contracted room and board.
  • may result in the cancellation of classes if UNCG charges are not paid by the fee payment deadline established by the Cashiers' and Student Accounts Office.

I understand that this notification must be provided to the Financial Aid Office. The authorization is not retroactive and will become effective no less than 20 working days from the date of receipt of this form for the next semester. This authorization will remain in place for the current academic year, unless the Financial Aid Office is notified otherwise in writing.

My signature confirms that I have read and understood all instructions and that I have provided accurate, complete, and current information.

Signature________________________________________        Date________________________

If not completed in the presence of a Financial Aid Office representative, then notification is required:

On this, the _______ day of _________, 20___, before me, a notary public and the undersigned officer, personally appeared ______________________________, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

_________________________________________        Commission expires: _______________

Notary Public

_________________________________________

For Office Use Only

Complete below if the student signed this form and provided valid picture identification to FAO representative.

FAO Representative Initials____________________________     Date____________________________