Please use this form to rescind authorization to have Federal Direct Loan proceeds applied directly to your student account. Please print.

Student Name __________________________________________ Student ID __________________________

Last       First       Middle

Telephone (______ ) __________________________ E-mail __________________________

Financial Aid Type:
☐ Federal Direct Subsidized Loan     ☐ Federal Direct Unsubsidized Loan     ☐ Federal Direct Graduate PLUS Loan

I understand that the decision to rescind authorization to directly apply the Loan proceeds to the student account
• will delay delivery of the loan proceeds to me
• will prohibit use of loan proceeds to defer the payment of tuition, fees, room and/or board
• may result in the cancellation of classes if UNCG charges are not paid by the fee payment deadline established by the Cashiers’ Office.

I understand that this notification must be provided to the Financial Aid Office no less than 20 working days prior to the expected loan disbursement date. The expected loan disbursement date is provided on UNCGenie. 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.

Student Signature___________________________________________ Date_______________________________

If not completed in the presence of a Financial Aid Office representative, then notarization 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 a FAO representative.

FAO Representative Initials ________________________ Date ______________________