

2017-2018 Financial Aid Cancellation Request
College of the Redwoods

Last Name First M.I. CR ID# (SSN if unknown) Date of Birth

**I wish to cancel ALL of my financial aid at College of the Redwoods for the
Fall ____ /Spring ____ semester(s)***

**I wish to cancel SOME, but not all, of my financial aid awards for the
Fall ____ Spring ____ semester(s): (Please check all that apply to you)**

Federal Work Study (FWS) Award (*My last day working at my FWS job was _____*)

Other _____

** Note: If you received a loan while at College of the Redwoods, and are now leaving College of the Redwoods, you must attend a loan exit counseling workshop and submit the exit counseling form. This is a Federal Regulation.*

STUDENT CERTIFICATION: *I certify that the information on this form is true and correct to the best of my knowledge. I understand that if the information I have provided is incomplete or false, my financial aid could be delayed or denied. I also understand that purposely providing false or misleading information may lead to disciplinary action, a fine and/or prison sentence.*

Student Signature (required)

Date Signed

<i>For office use only:</i>		
<input type="checkbox"/> Canceled Semester Award	<input type="checkbox"/> Canceled Loan	<input type="checkbox"/> Distrib. Ln Exit Info
<i>initial: _____ date: _____</i>	<i>initial: _____ date: _____</i>	<i>initial: _____ date: _____</i>