



The College at
BROCKPORT
 STATE UNIVERSITY OF NEW YORK
 Office of Student Accounts

REQUEST TO DECLINE LOANS or GRANTS

Student Name: _____ **Term:** _____

Brockport Banner ID: _____ **Date:** _____

My signature at the bottom of this form confirms my request to decline the following financial aid awards for the _____ semester(s):

Enter name and amount of each loan or grant you are declining:

LOAN or GRANT Name _____ **Amount Declined: \$** _____

LOAN or GRANT Name _____ **Amount Declined: \$** _____

LOAN or GRANT Name _____ **Amount Declined: \$** _____

LOAN or GRANT Name _____ **Amount Declined: \$** _____

or select:

TAP (Tuition Assistance Program) **Amount Declined: \$** _____

My declination of these funds is the result of:

_____ Funding from other sources so that the proceeds from these loans/grants are not needed

_____ I am separating from the College effective _____ (term)

_____ Other – Please specify: _____

I agree that all outstanding financial obligations to the College, including previously deferred charges, must be paid in full before this request will be processed.

 Student Signature

 Date