



**SUNY COLLEGE AT BROCKPORT
OFFICE OF STUDENT ACCOUNTS
AID DISBURSEMENT FORM**

Name: _____

Brockport ID or SSN: _____

Term: _____

Date: _____

PLEASE CHECK APPROPRIATE STATEMENT(S).

DECLINE LOANS AND/OR GRANTS

I would like to decline the following financial aid for the _____ semester(s):

- _____ Loan in the amount of \$ _____.
- _____ Loan in the amount of \$ _____.
- _____ in the amount of \$ _____.
- _____ Tuition Assistance Program (TAP) Award in the amount of \$ _____.

I understand that obligations to SUNY Brockport, which were deferred pending receipt of this type of aid, must be paid in full prior to the processing of this request.

My refusal to accept the above aid as described above is based on the following reasons:

- _____ My financial need is met from other sources and the proceeds from this check are not needed.
- _____ I am separating from the College effective _____.
- _____ Other – Please specify _____

EXCESS AID FUNDS

I am in receipt of excess financial aid funds and wish to do the following:

_____ **Transfer of Funds to a Different Semester.** I anticipate a refund in the amount of \$ _____ from the _____ semester. Please transfer \$ _____ from the _____ semester to the _____ semester for which I have an obligation in the amount of \$ _____. This excess financial aid is from _____ (please list all applicable aid types).

_____ **Thompson Conference Center – Housing Expenses.** I agree to allow the Bursar’s Office to apply any state, federal or other financial aid in payment of housing costs incurred at the Thompson Conference Center in the amount of \$ _____ for the _____ semester.

_____ **Forwarding of Funds for International Program.** I plan to attend International Education Program in _____ (please indicate country) from _____ to _____. Please forward any excess financial aid funds to the address below.

Street Address or PO Box No. _____
City, State/Country, Zip Code _____
Telephone Number with Area Code _____

_____ **I do not wish to use my excess _____ funds to pay my outstanding financial obligations for the _____ semester.** I understand SUNY Brockport’s policy for unpaid financial obligations. I understand that the college will place a block on my records, if one has not already been placed, which will prevent my course registration and issuance of official grades and transcripts. I also understand that the College will pursue collection of unpaid financial obligations through the use of private collections or the New York State Attorney General. I also understand that if I go for collections, there could also be additional monies due for court costs and collection funds.

Student Signature

Date