REQUEST TO DECLINE LOANS or GRANTS

Office of Student Accounts

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

(05/11/10)