



Verification of Financial Aid Cancellation Letter

Student Name: _____ Social Security: XXX XX _____
(Last four digits only)

Student ID: _____
(ODU UIN)

Please submit this form to your current school's Financial Aid Office so they may determine your remaining financial aid eligibility for the remainder of the current academic year. This _____ has been cancelled for the above student.

Please sign below in order to give authorization for the school to release your information.

Student Signature: _____ Date: _____

School Certification

Loan Period Begin Date: _____ Loan Period End Date: _____

Loan Amount(s) Received: _____

Subsidized: _____ Unsubsidized: _____

Federal Pell Grant Amount received: _____

All Future Aid Disbursements Cancelled: Yes No

SCHOOL CERTIFYING OFFICIAL

Name: _____
(Please print)

Signature: _____

Title: _____ Date: _____

Institution Name: _____

Institution Address: _____

Phone: _____ Email: _____