

CANCELLATION OF STUDENT FINANCIAL AID CONFIRMATION

Dear Student,

In order to determine your financial aid eligibility we are required to review your recent student aid history.

Please answer the following questions:

 Did you attend another institution last semester? Yes No

 If yes, did you receive financial aid at this school? Yes No

If the answer to both questions above is YES, then please print and sign your name below and have your previous school complete the section below. Your previous institution will then return the form to the Weatherford College Financial Aid Office by fax: 817-598-6206. **Your financial aid will not be reviewed until this form is complete and returned to our office.**

I, _____ (print name), give permission to my former school(s) to share the below information with the Weatherford College Financial Aid Office.

Student Signature: _____ Date: _____

The following information must be supplied by a Financial Aid Counselor at your previous school.

Student Information	
Student Name: _____	SSN: _____
Official Last Date of Attendance: _____	
Loan Information	
Current loan period start and end dates: _____ to _____	
Revised loan period end date: _____	
Gross Loan Amount(s) Disbursed minus any refunds to lender(s):	
Subsidized: _____	Unsubsidized: _____
Last date of Loan Disbursement: _____	
Date COD updated: _____	
Pell Disbursed for most recent aid year: Amount: _____	Aid Year: _____
School Certifying Official	
Printed Name & Title of person completing form: _____	
Today's Date: _____	
Name of Institution: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Signature of Financial Aid Officer: _____	
Phone: _____	Email: _____