



**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: \_\_\_\_\_

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**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: \_\_\_\_\_