

Aid Cancellation Form

Financial Aid Office 1700 SW College ● Topeka, KS 66621 (785) 670-1151 ● (800) 524-8447 ● (785) 670-1079 fax washburn.edu/financial-aid ● financialaid@washburn.edu

According to the National Student Loan Data System, it appears you are receiving aid at another institution for the same time period you are requesting aid at Washburn University. In order to ensure that you are awarded subsequent aid in compliance with federal regulations, we need this form completed by a Financial Aid Administrator at your previous institution.

No further action can be taken on the processing of your aid with Washburn University until your prior institution has returned this form to our office.

Student Name:		SSN:
I authorize the release of this informa	tion:	
Student Signature:		Date:
Check this box to indicate if you to our office. If you will be attending, p	_	University this aid year and return the form of the form.
School Certifying Official:		
Name (Print):		Title:
Signature:		Date:
Institution Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
Student's Official Late Date of Attenda	ance:	