

Winter Haven, FL 33881-4299

Email: financialaid@polk.edu

Phone: 863-297-1004 Fax: 863-298-6850

Student Financial Services

	Financial Aid Cancelation Fo	orm	CANAID
STUDENT ID:	т	FERM:	
LAST NAME	FIRST NAME		
STREET ADDRESS	CITY	STATE	ZIP CODE
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☐ THIS REQUEST IS TO (CANCEL ALL OR PART OF MY FINANC	CIAL AID FOR THE	2016-17 ACADEMIC YEAR.
Select Term(s): □FALL TERM	□SPRING TERM	Е	SUMMER TERM
PLEASE CHECK ALL THAT Subsidized loan Pell Grant PLEASE CHECK ONE OF TH	☐ Unsubsidized loan☐ Grants and Scholarships	☐ Parent Plus ☐ Cancel all fi i	
Name of the new school: Student has another sou	g another school and is withdrawing from Po	term or academic year	
	or specified reason (s). Please explain below		
Financial Services. You may ema Please be aware that all loans gastudent will be billed as a result Certification: I certify that the infe	of a loan you requested, please sign and sub il, fax or personally submit all forms to the odisbursed prior to receiving this form canno of that cancelation. Formation on this form is true and correct to the best of and that if I submit this form after my loan is disburse	office. It be canceled. If the of	fice cancels a disbursed loan, the
Student Signature:	Date: _		
*Parent Signature for PLUS lo	an cancelation:		Date:
For office use only:			
SFS processing staff:	(Staff	_ (Staff signs once aid is canceled) Date:	
Office of Student Financial S 999 Avenue H, N.E.	Services		