



Office of Student Financial Aid
Eagles Nest Room 137
P.O. Box 10043 Beaumont, TX 77710
(409)880-2137 Fax (409)839-2023

FINANCIAL AID CANCELLATION REQUEST

Name _____ ID# _____

Please cancel (choose one):
 All Financial Aid (Grants, Loans, and Workstudy)
 Loans Only
 Other (Please explain) _____

For the following semester(s), mark all that apply:

Fall 2023 Spring 2024 Summer I 2024 Summer II 2024

Reason:

Transferring to: Name of College _____

Other: _____

Authorization to Release Information:

_____ I give Lamar Institute of Technology Office of Student Financial Aid permission to provide this form to the following: (forms can be faxed or mailed)

Name of College: _____

College ID: _____

Contact Person: _____

Fax Number: _____

Address: _____

By signing below, I UNDERSTAND THAT CANCELLING MY FINANCIAL AID DOES NOT WITHDRAW ME FROM MY CLASSES OR KEEP ME FROM BEING RESPONSIBLE FOR ANY MONIES OWED BY ME TO LAMAR INSTITUTE OF TECHNOLOGY. I UNDERSTAND THAT I MUST CONTACT STUDENT SERVICES IN ORDER TO WITHDRAW FROM CLASSES.

Student Signature _____ Date _____

Office Use Only Cancelled by: _____ Date: _____