



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 2025 ☐ Spring 2026 ☐ Summer I 2026 ☐ Summer II 2026

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: _____