



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 2024       Spring 2025       Summer I 2025       Summer II 2025

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: \_\_\_\_\_