



Rescind/Cancel Title IV Student Permissions

I, _____, hereby rescind/cancel permissions granted for GFU to apply Title IV financial aid to “non-allowable” costs.

Please initial all:

_____ I understand that if I submit this form without it being fully completed, the form will be NOT be considered “received” and, therefore, will not take effect until I submit a fully completed form.

_____ I understand that this action will take effect immediately when “physically received” by a Student Account Specialist in the Student Accounts Office. (In-person delivery to the office during open business hours is the only way to assure that a document will be “physically received” on a specific business day.)

_____ I understand that by submitting this form, all future disbursements of financial aid will be impacted until I again resubmit a Title IV Permissions authorization in mygf.u.

_____ I understand that this change may result in a Title IV Federal Funds refund being given to me while “unallowable” charges remain unpaid on my account, and that I am responsible for making payment immediately.

_____ I understand that failure to pay my bill in full will result in holds and late payment fees, and that Student Accounts may drop my classes if I don’t pay my bill.

Signature: _____

Date Signed: _____

Student ID #: _____

For Office Use Only
Received Date: _____
Time: _____
PS Change Date: _____
By: _____