

Date \_\_\_\_\_

Julie Lively, Director, Student Financial Aid  
Trinity Valley Community College  
100 Cardinal Drive  
Athens TX 75751

Dear Ms. Lively:

This letter is to verify that the student listed below **will** \_\_\_ / **will not** \_\_\_ be receiving financial aid or has cancelled his/her aid for this semester at our institution.

_____	_____	_____
Student's Name	Social Security #	
_____	_____	_____
Name of Institution	Hrs	Semester

Sincerely,

Financial Aid Office  
Contact Number \_\_\_\_\_