



Trinity Valley Community College
Office of Financial Aid and
Veterans 100 Cardinal Dr.
 Athens, TX 75751
 903.675.6233

2023 - 2024

Request to Cancel Aid at TVCC

_____ **Student Name** _____ **TVIN or SSN**

I am currently applying for financial aid (other institution) _____. I request that my financial aid be cancelled for the semester(s) below:

Fall _____ Spring _____ Summer _____

Please check which aid you would like cancelled:

- All aid on account
- Loans Only (for above checked semester)
- Scholarship from _____

_____ **Student Signature** _____ **Date**

The student has requested the pending or awarded financial aid from TVCC be cancelled for the semester(s) indicated above.

I certify that all aid for the student listed above has been cancelled for the semester(s) indicated. All agencies, and authorities have been notified of the cancellation.

_____ **TVCC Authorized Signature** _____ **Date**